



Jackson Hole Fire/EMS Operations Manual

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Title: **Treatment Protocol:
Fractures**

Division: 17

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Pages: 2

FRACTURES (Treatment Protocol)

ALL PROVIDERS

- Check ABC's
 - Provide respiratory support if indicated
 - Administer Oxygen via nasal cannula to obtain oxygen saturation > 94%. May increase to 100% NRB as needed
- Expose injury by removing or cutting away clothing
- Assess the distal neurological and circulatory status of the region injured
- Remove rings or constrictive jewelry and clothing in regions that may swell due to injury
- Perform splinting
 - Immobilize joints above and below fracture site
 - Consider traction splint for mid-shaft femur fractures that do not have additional distal injuries, or other splinting option (vacuum mattress) to stabilize.
 - Utilize caution, gentle handling and slight traction to return severely angulated extremities or extremities that are pulseless and deformed to normal position of function
 - After splint application, recheck distal circulation, motor and sensory function then document
- Open Fractures:
 - Cover exposed bone ends with a sterile saline moistened dressing if exposed
 - Apply traction to angulated fractures to obtain anatomical alignment for splinting and regaining distal neurovascular status (if possible). If this results in reduction of open fracture, document accordingly. Bandage wound as needed to control bleeding, and consider tourniquet if needed to achieve bleeding control.
- Elevate injury if possible and consider cold pack

ADULT EMT-BASIC PROVIDER

- Follow as above

PEDIATRIC EMT-BASIC PROVIDER

- Follow as above

EMT-INTERMEDIATE PROVIDER

- Establish an IV TKO and bolus as needed
- Administer **Fentanyl** for pain (Voice Order)

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- **Consider Diazepam** in cases of severe anxiety or muscle spasm (Voice Order)

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EMT-PARAMEDIC PROVIDER

- Administer **Fentanyl / Hydromorphone / or Ketamine** for pain as indicated
- Consider **Midazolam** in cases of severe anxiety or muscle spasm.

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