

CMG 19 – LIMB INJURIES

(Revised: November 2015)



ICP	Haemorrhage control	AP
ICP	Analgesia as per CMG 2	AP
ICP	Check arterial circulation in the limb – if distal pulse is absent, gently re-align fractured segments until pulse returns or alignment is near normal	AP
ICP	Grossly contaminated open wounds should be irrigated prior to splinting, if possible	AP
ICP	Immobilise/splint all fractures unless the patient is otherwise time-critical (traction splint for suspected fractured mid-shaft femur; pelvic splint for suspected pelvic fracture)	AP
ICP	Elevate the limb, if possible	AP
ICP	Do not attempt to reduce dislocations	AP
ICP	IV fluid as per CMG 14	AP
ICP	Crush injured limbs should be treated as per CMG 30	AP
Partially severed limb:		
ICP	Carefully protect limb	AP
ICP	Keep distal portion of limb dry, wrapped and cool	AP
Completely severed limb:		
ICP	Keep severed part dry, wrapped and cold	AP
ICP	Place in a dry, sealed plastic bag, then place within another bag or bucket filled with iced water	AP
ICP	DO NOT immerse the part directly in ice – DO NOT attempt to clean or disinfect the severed part	AP