Clinical Practice Guidelines: Trauma/Limb injury

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Clinical.Guidelines@ambulance.qld.gov.au

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<td>Purpose</td>
<td>To ensure a consistent approach to the management of a patient with Limb injury.</td>
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<td>Scope</td>
<td>Applies to all QAS clinical staff.</td>
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<tr>
<td>Author</td>
<td>Clinical Quality &amp; Patient Safety Unit, QAS</td>
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Limb injuries can be very painful and visually distressing for a patient. As such, they can distract the patient and the clinician from more serious injuries in a multitrauma situation. Gaining a good history of the event to assess the mechanism of injury, and completing a thorough primary and secondary survey are always essential.

**Clinical features**

A fracture should be suspected if one or more of the following are present:

- Pain
- Swelling
- Bruising
- Loss of function
- Deformity
- Bony crepitus

Where communication is difficult (e.g. young children or dementia patients) the reluctance to move a limb may be the only sign of a fracture.

**NOTE:** soft tissue injuries can include all but the latter two presentations.

Suspect neurovascular damage if there is poor distal perfusion, or reduced distal sensation or movement.

**Risk assessment**

- Appropriate analgesia is very important.
- Procedural sedation (ketamine) may be required when managing complicated injuries (e.g. grossly displaced open fractures with compromised vascular supply).[1]
- Limb immobilisation should generally be in near-anatomical position.
**Note 1:** Officers are only to perform procedures for which they have received specific training and authorisation by the QAS.

**Note 2:** Open wounds/fractures should be washed out with 1–2 litres of normal saline following adequate analgesia.

**Note 3:** Crush injuries to limbs should be treated as per CPG: Crush Injury.