Clinical Practice Procedures: Trauma
/Management and care of an amputated body part

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<tr>
<th>Policy code</th>
<th>CPP_TR_MCAB_0120</th>
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<tr>
<td>Date</td>
<td>January, 2020</td>
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<tr>
<td>Purpose</td>
<td>To ensure a consistent procedural approach to the management and care of an amputated body part.</td>
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<td>Scope</td>
<td>Applies to Queensland Ambulance Service (QAS) clinical staff.</td>
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<td>Health care setting</td>
<td>Pre-hospital assessment and treatment.</td>
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<tr>
<td>Population</td>
<td>Applies to all ages unless stated otherwise.</td>
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<tr>
<td>Source of funding</td>
<td>Internal – 100%</td>
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Management and care of an amputated body part

In Australia traumatic amputations are rare but most commonly occur due to industrial accidents, use of domestic power tools and motor vehicle accidents, especially motor cycle accidents.

Prognosis for successful reattachment depends on several factors including:
- Body part involved and extent of injury
- Severity of the associated trauma
- Time interval between amputation and surgical intervention
- Age and health of the patient
- Management and care of the amputated part

Tissues from amputated parts may be used to repair injuries, even if reattachment is not possible, therefore, correct management of amputated parts is critical. If properly cared for, tissue can be preserved for up to 18 hours, with the highest chance of successful reattachment if done within 4–6 hours.[1,2]

PROCEDURE

1. If contaminated, gently brush or wipe the part and rinse with saline if necessary.
2. Cover the part with a saline moistened sterile dressing (e.g. large combine) and place in an air-tight bag.
3. If available, prepare a 1-part ice to 3 parts water slurry and immerse the air-tight bag.
4. If ice water or ice is unavailable, attempt to keep the part cool and away from heat sources.
5. Transport the part with the patient to the most appropriate health facility and notify ASAP to allow timely preparation of a receiving medical team.
6. On arrival at the health facility, the amputated limb must be immediately handed over to receiving facility staff.

Additional information

- Do not allow any surface of the amputated part to freeze, suffer cold burn, or become wet.
- Whenever possible, all amputated parts, regardless of perceived damage or viability, should be appropriately packaged and transported with the patient.
- Do not raise false hope of reattachment with patients.

Indications

- Traumatic amputation of a body part

Contraindications

- Nil in this setting

Complications

- Traumatic amputations can appear gruesome, but the clinician must never be distracted from considering other hidden or less obvious injuries that may be more life-threatening to the patient.