

# Reduction of Posterior Sterno / Clavicular Dislocation

- NOT common – takes a significant blow
- Potential for compression / tearing of greater vessels located in the neck – **May become life threatening**
- MOI suspect possible C-Spine
- Signs & Symptoms
  - EXPOSE & PALPATE THE JOINT to confirm deformity !
  - SEVERE breathing difficulty
  - ENGORGED VEINS on face & arm on injured side
  - Red Face
  - Shock
- Blanket between shoulder blades 3” thick after compression
- INITIATE ONLY IF DEATH IS IMMINENT.
- ONCE STARTED KEEP GOING UNTIL REDUCED- may need to reposition !
- After Reduction
  - Apply Figure 8 Splint & Swathe arm on injured side
  - Immediate Transport / Monitor Vitals – if on backboard may be helpful to leave blankets in position.

# Pelvic Sling / Stabilization

- Skeleton helpful teaching aid to locate joints/landmarks
- **NO** “pelvic rock” for assessment !!
- **ONLY** for “open book” pelvic fractures. Patients **feet will be splayed** – toes pointed out, both legs same length – fracture site is Pubis bone
- **Commercial sling NOT for use on “children”** – hip size smaller than 27”
- **On Commercial Slings – verify size to patient**
- **Check pockets** & remove any items that may effect the function of the sling when tightened
- Patient **MUST** be on their back
- Have 1 person stabilize hip while positioning sling / sheet
- Patient **MUST** be moved to back board for transport – remember to proceed with the head first if using in line drag.
- Follow local protocols for Cervical Collar application

# Figure 8

- **ONLY** for fractured Clavicle / Post care for reduction of posterior sterno-clavicular dislocation
- **DO NOT USE** if suspected fracture site is located on distal 1/3 of clavicle (near shoulder)
- Tie ends of cravat together before creating “8” and place knot between shoulder blades
- Spread cravat wider over front of shoulders for patient comfort
- Patient Comfort may be enhanced by Sling & Swathe but not required

# Epi-Pen Administration

- Verify contents of container & patient/Rx info - if possible check contents for clarity, color & particulate material (if present do not use)
- Remove multiple layers of clothing from injection site – 1 layer of clothing MAX
- Hold injector in the center only using caution to keep finger tips away from either end
- Inject in THIGH only – lateral aspect
- Hold needle in place 10 seconds
- Massage injection site
- Place used pen in Sharps Container using caution to avoid exposed needle !
- Note TIME of injection
- Proceed to Medical Facility
- IF NO IMPROVEMENT IN 10 MINUTES.....
- 2<sup>nd</sup> Dose / 2<sup>nd</sup> Pen - NO MORE THAN 2 DOSES

[www.epipen.com](http://www.epipen.com)

[www.twinject.com](http://www.twinject.com)

[www.adrenaclick.com](http://www.adrenaclick.com)

[www.duodote.com](http://www.duodote.com)

# Inhaler

- Verify contents of container & patient/Rx info
- IF PATIENT HAS MULTIPLE INHALERS – be sure to use “RESCUE” inhaler
- SHAKE container
- Have patient blow OUT then INHALE SHARPLY while top of inhaler is depressed
- Patient should hold breath minimum 10 seconds after inhalation of medication
- May administer 2<sup>nd</sup> dose if needed 30-60 seconds – NO MORE THAN 2 DOSES
- Proceed to advanced care ASAP if no relief

# KED / Short Board

- **EXTRICATION** only – **ALWAYS** move to a standard Backboard for transport
- Apply C-Collar before placing KED into position
- Be sure device is “snug” up under armpits
- Middle straps first, then groin & head last  
**M y B a b y L o o k s H o t T o n i g h t**  
OR  
**M o n e y B u y s L o t s o f H o t T o y s**
- Use caution when tightening groin straps on male patients - may need to pad groin straps
- Use PUSH / PULL when tightening straps
- Recheck ALL straps before & after each move
- Maintain manual head stabilization until secured to Backboard
- Remember to release leg straps after move to backboard if using KED (not necessary on short board)
- Check head position after move to backboard – may need to reposition or remove head pad

**@@@ NOTE: For exact sequence of tightening straps on Commercial Extrication Devices please follow manufacturers procedure / recommendation**

# Patient Restraint

- Be familiar with Area Policies particularly in situations where alcohol or pharmaceuticals may be involved.
- **IS THE SCENE SAFE** – follow area protocols to contact “Security” if necessary.
- Be sure to have appropriate assistance available before approaching the patient. May want to use “silent” signal such as thumbs up or pat on head to begin group approach.
- Ascertain **ALTERED Mental Status** prior to touching patient – best to have multiple witnesses & remember to get written statements.
- Secure Patient to Back Board with one arm overhead & one arm by their side
- Do not use “hard” restraints (handcuffs, nylon ties etc.)
- Monitor patient for vomiting

# Tourniquets

- Extremities ONLY
- **TWO** situations indicate use
  - Major artery squirting blood
  - Extremity is without clean lacerations making clotting and vascular constriction at the site less effective – bleeding is unlikely to be controlled by any other method.
- Apply several inches above injury but NOT over joint
- Stop tightening when bright red bleeding is stopped OR a distal pulse is no longer detected – apply pressure dressing and seek immediate medical attention
- Once applied NOT removed !!
- If possible keep extremity cool to minimize damage.

[www.combattourniquet.com](http://www.combattourniquet.com)

[www.narescue.com](http://www.narescue.com)



# Airplane Splints

- No individual skill sheet BUT described on pages 665-666 & pictured on page 682
- Use for Knees, elbows & shoulders – splint of choice for suspected Tibial Plateau fracture, provides maximum stability
- DO NOT use tape to secure extremity
- Additional padding may be helpful
- With Knee **ALWAYS** moves to Quick Splint

# Auscultation of Breath Sounds

- Check proper orientation of ear pieces
- Use large diaphragm on Stethoscope
- Place directly on patient skin if possible
- Needs to be somewhat QUIET
- Listen approx. 15-30 seconds at each location
- 8 Locations – avoid boney structures and areas of excessive tissue
- Compare sounds bi-laterally as you go!
- May need to ask patient to breathe deeply OR with open mouth
- Use in conjunction with pulse oximeter if available