Splinting

	EMR	
B	EMT	B
A	AEMT	A
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Clinical Indications:

- Immobilization of an extremity for transport, either due to suspected fracture, sprain, or injury.
- Immobilization of an extremity for transport to secure medically necessary devices such as intravenous catheters

Procedure:

1. Assess and document pulses, sensation, and motor function prior to placement of the splint. If no pulses are present and a fracture is suspected, consider reduction of the fracture prior to placement of the splint.
2. Remove all clothing from the extremity.
3. Select a site to secure the splint both proximal and distal to the area of suspected injury, or the area where the medical device will be placed.
4. Do not secure the splint directly over the injury or device.
5. Place the splint and secure with Velcro, straps, or bandage material (e.g., kling, kerlex, cloth bandage, etc.) depending on the splint manufacturer and design.
6. Document pulses, sensation, and motor function after placement of the splint. If there has been a deterioration in any of these 3 parameters, remove the splint and reassess
7. If a femur fracture is suspected and there is no evidence of pelvic fracture or instability, follow the device specific procedure (page 2) for placement of a femoral traction splint:
    - Hare Traction
    - Slishman Traction
8. Document the time, type of splint, and the pre and post assessment of pulse, sensation, and motor function in the patient care report (PCR).

Certification Requirements:

- Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the local EMS System.

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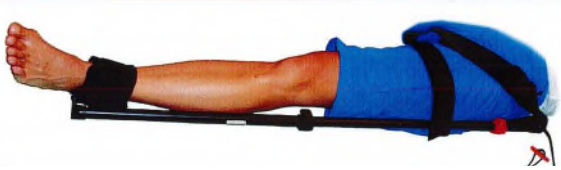
Procedure (Hare Traction):

- Assess neurovascular function as in #1 (previous page).
- Place the ankle device over the ankle.
- Place the proximal end of the traction splint on the posterior side of the affected extremity, being careful to avoid placing too much pressure on genitalia or open wounds. Make certain the splint extends proximal to the suspected fracture. If the splint will not extend in such a manner, reassess possible involvement of the pelvis
- Extend the distal end of the splint at least 6 inches beyond the foot.
- Attach the ankle device to the traction crank.
- Twist until moderate resistance is met.
- Reassess alignment, pulses, sensation, and motor function. If there has been deterioration in any of these 3 parameters, release traction and reassess.

Procedure (Slishman Traction):



- Assess neurovascular function as in #1 (previous page).
- Attach Ankle Strap. Remove ankle strap and end cap from pole. Unroll ankle strap and apply with end cap lateral and facing up to receive splint pole. Secure with velcro wrap.
- Attach Groin Strap. Rest female buckle on anterior thigh. Wrap male buckle and strap behind thigh. Snap male to female buckle and tighten.
- Apply Coarse Traction. Extend distal pole after releasing thumb screw on black pole clamp. Insert distal pole into ankle strap end cap. After achieving desired length, tighten thumb screw.
- Apply Fine Traction. Release thumb screw on red pole clamp. Pull cord to apply desired traction. Tighten thumb screw on red pole clamp and release cord.
- Reassess and Monitor. Reassess CMS and pain level. Adjust traction as needed to minimize pain, while maintaining perfusion. For rotational stability, attach mid-leg strap to splint and wrap (one or both legs) below knee.
- Pediatric Application. For patients under 110 cm (43 inches) in height and/or 3 years or less in age, lengthen the groin strap allowing the splint to rest more proximal to the hip.