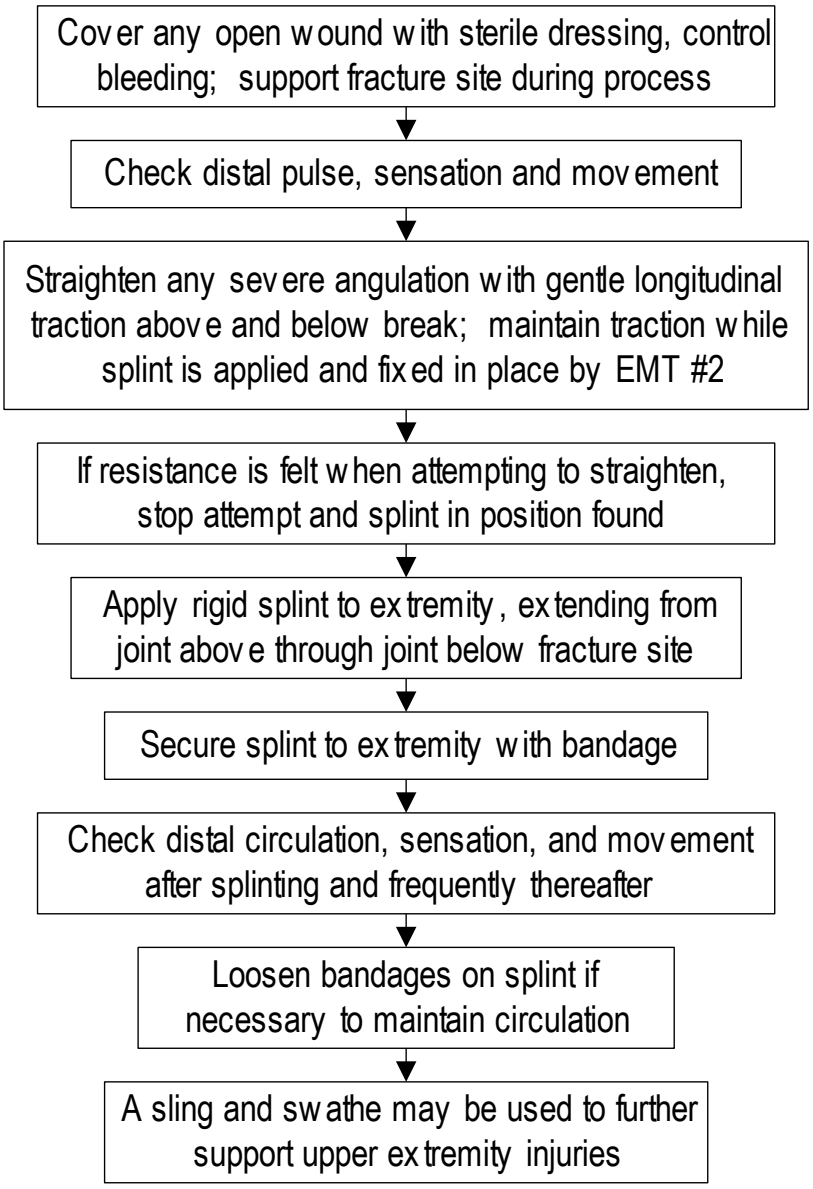
Initial: 9/92	**MILWAUKEE COUNTY EMS**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 5/10/00	**PRACTICAL SKILL**	Signature:
Revision: 2	**BOARD SPLINT**	Page 1 of 1

Purpose:		**Indications:**	
To provide rigid splinting for a suspected fracture in an extremity		Suspected extremity fracture	
Advantages:	**Disadvantages:**	**Complications:**	**Contraindications:**
Easy to apply Readily available	Soft tissue swelling can cause bandages holding the board in place to become too tight and restrict peripheral circulation	None	None

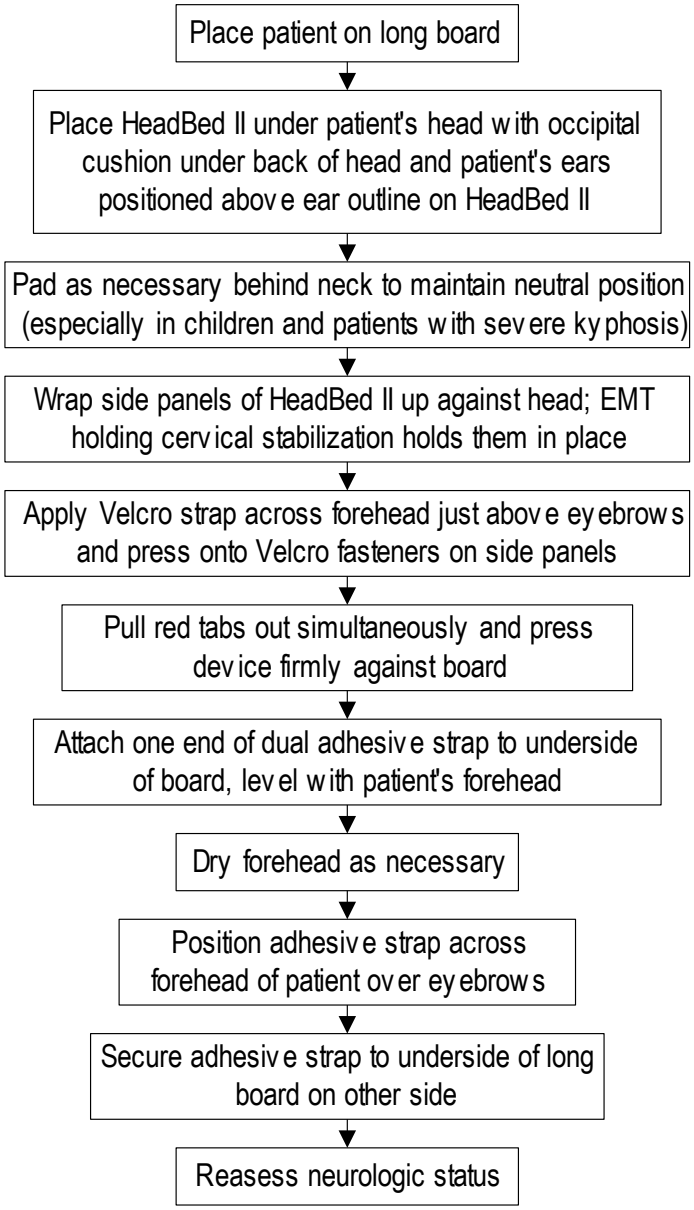


NOTES:

- Fractures/injuries appropriately treated with a board splint are: radius, ulna, midshaft humerus, tibia/fibula.

Initial: 9/92	**MILWAUKEE COUNTY EMS**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 5/10/00	**PRACTICAL SKILL**	Signature:
Revision: 2	**HEADBED II IMMOBILIZER**	Page 1 of 1

Purpose:		**Indications:**	
To provide rigid stabilization of the spinal column in a patient with a suspected potential for spinal cord injury		Patients with a suspected potential for spinal cord injury	
Advantages:	**Disadvantages:**	**Complications:**	**Contraindications:**
Prevent further injury	Immobilizes patient supine leaving airway easily compromised if patient vomits Straps may restrict respiratory effort	None	None

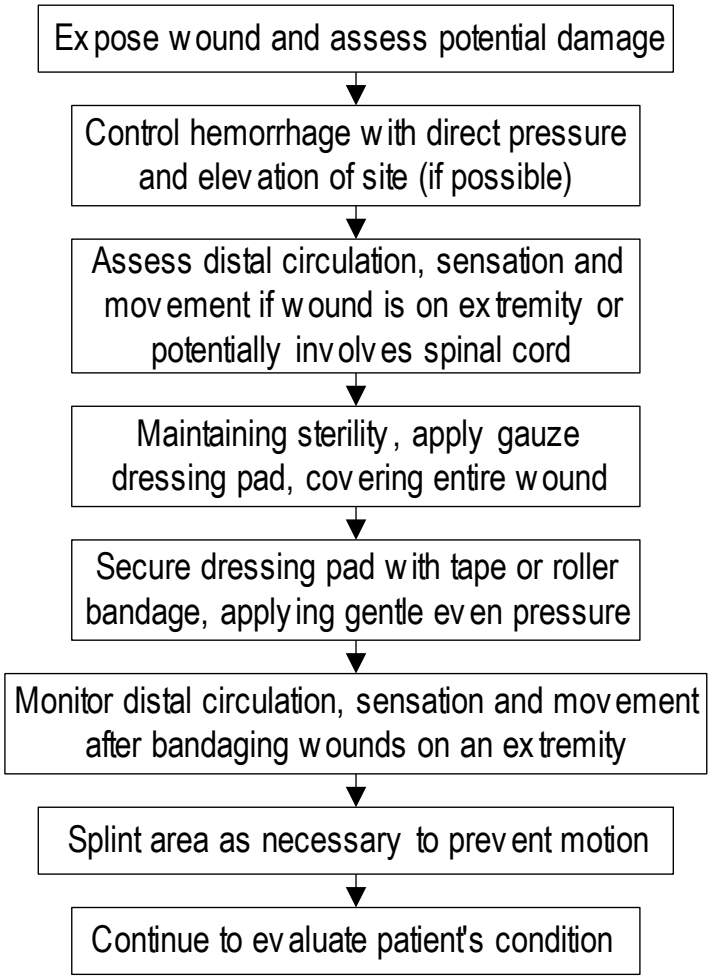


Initial: 12/82	**MILWAUKEE COUNTY EMS PRACTICAL SKILL**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 5/20/00		Signature:
Revision: 2		Page 1 of 1

HEMORRHAGE CONTROL BANDAGING

Purpose:	**Indications:**
To control bleeding from an open wound To prevent further contamination of an open wound	Patients who present with bleeding, open wounds

Advantages:	**Disadvantages:**	**Complications:**	**Contraindications:**
Prevents further blood loss Decreases opportunities for wound contamination	Obscures view of wound Continued hemorrhage into a bulky dressing may go unrecognized	Injury to surrounding soft tissue Circumferential bandage may become venous tourniquet if soft tissue swelling occurs	None

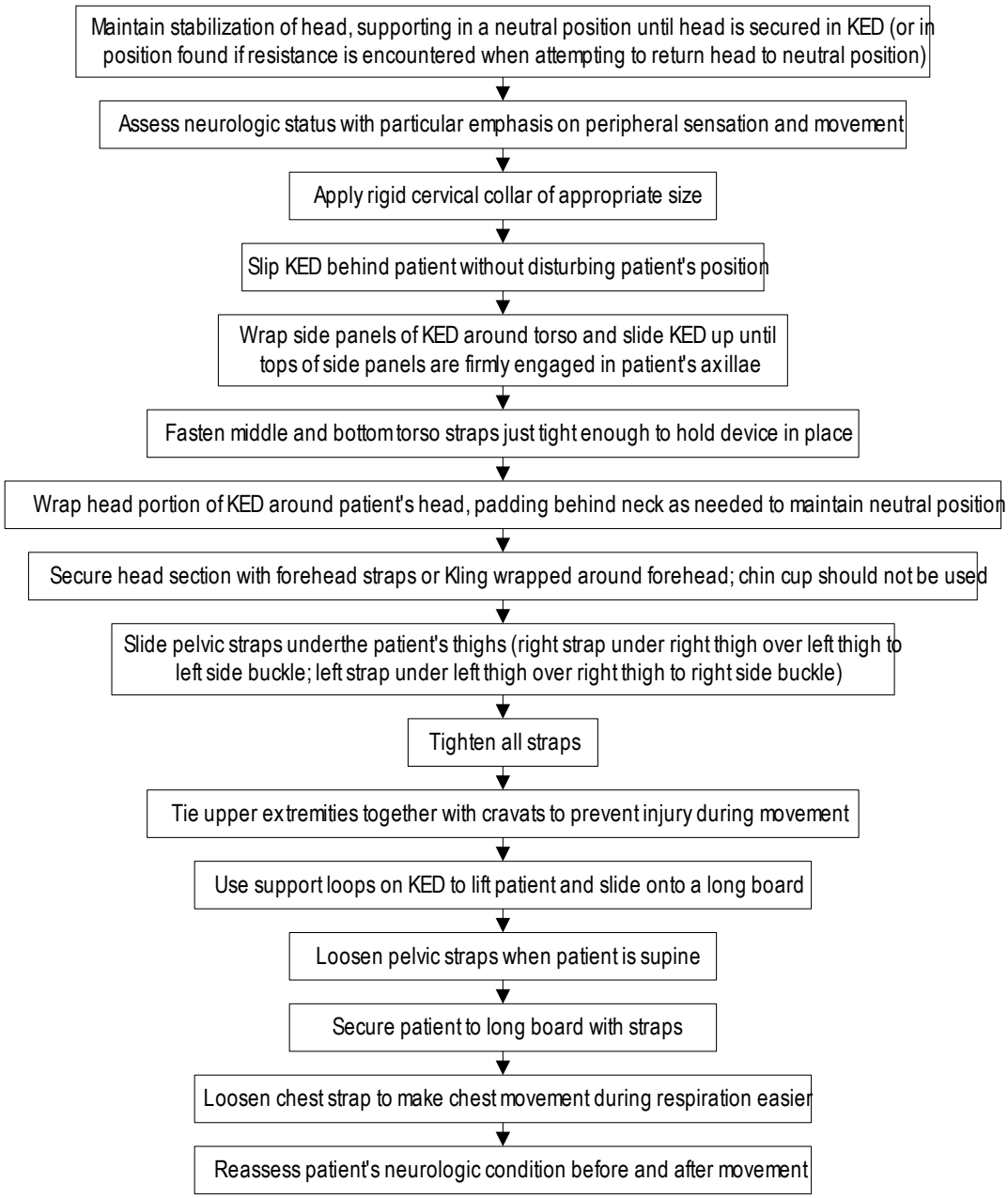


Initial: 9/92	**MILWAUKEE COUNTY EMS PRACTICAL SKILL**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 5/10/00		Signature:
Revision: 2		Page 1 of 1

KENDRICK EXTRICATION DEVICE

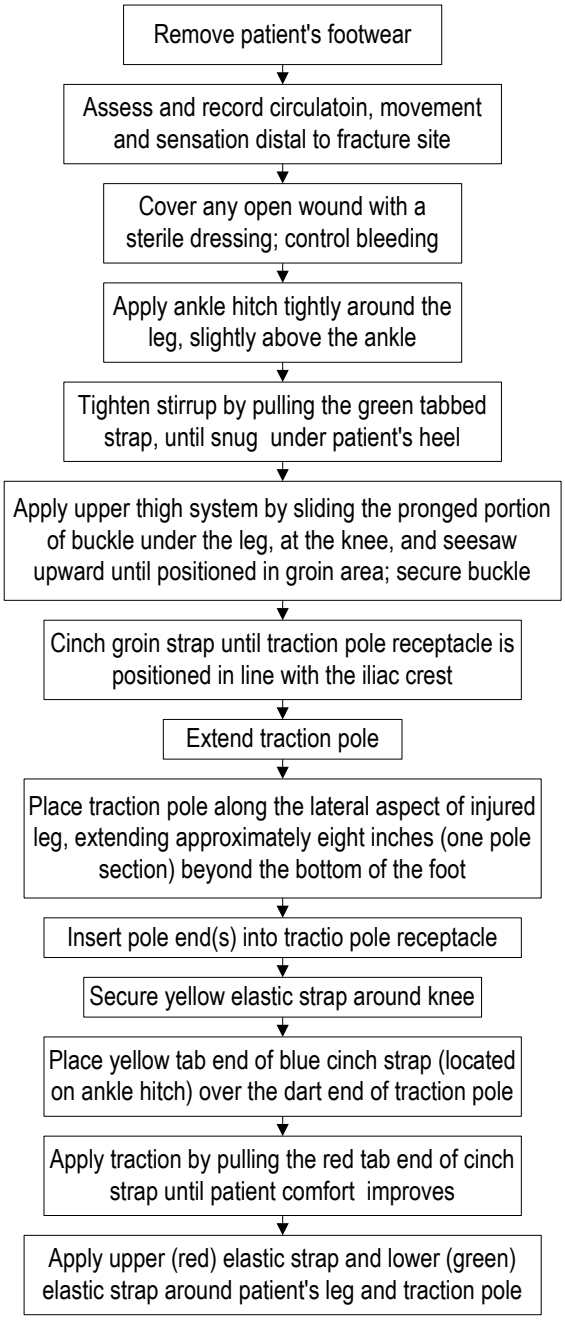
Purpose:	**Indications:**
To provide rigid stabilization of the cervical and thoracic spine during movement of a patient with a suspected spinal injury from a sitting to supine position	Any patient with a possible spinal injury, found in a sitting position

Advantages:	**Disadvantages:**	**Complications:**	**Contraindications:**
Easy to apply Provides rigid stabilization of head and spine when properly applied	Chest and abdominal straps may restrict respirations Obscures visualization of back and sides	Use of the chin strap prevents patient from opening mouth if vomiting occurs	None



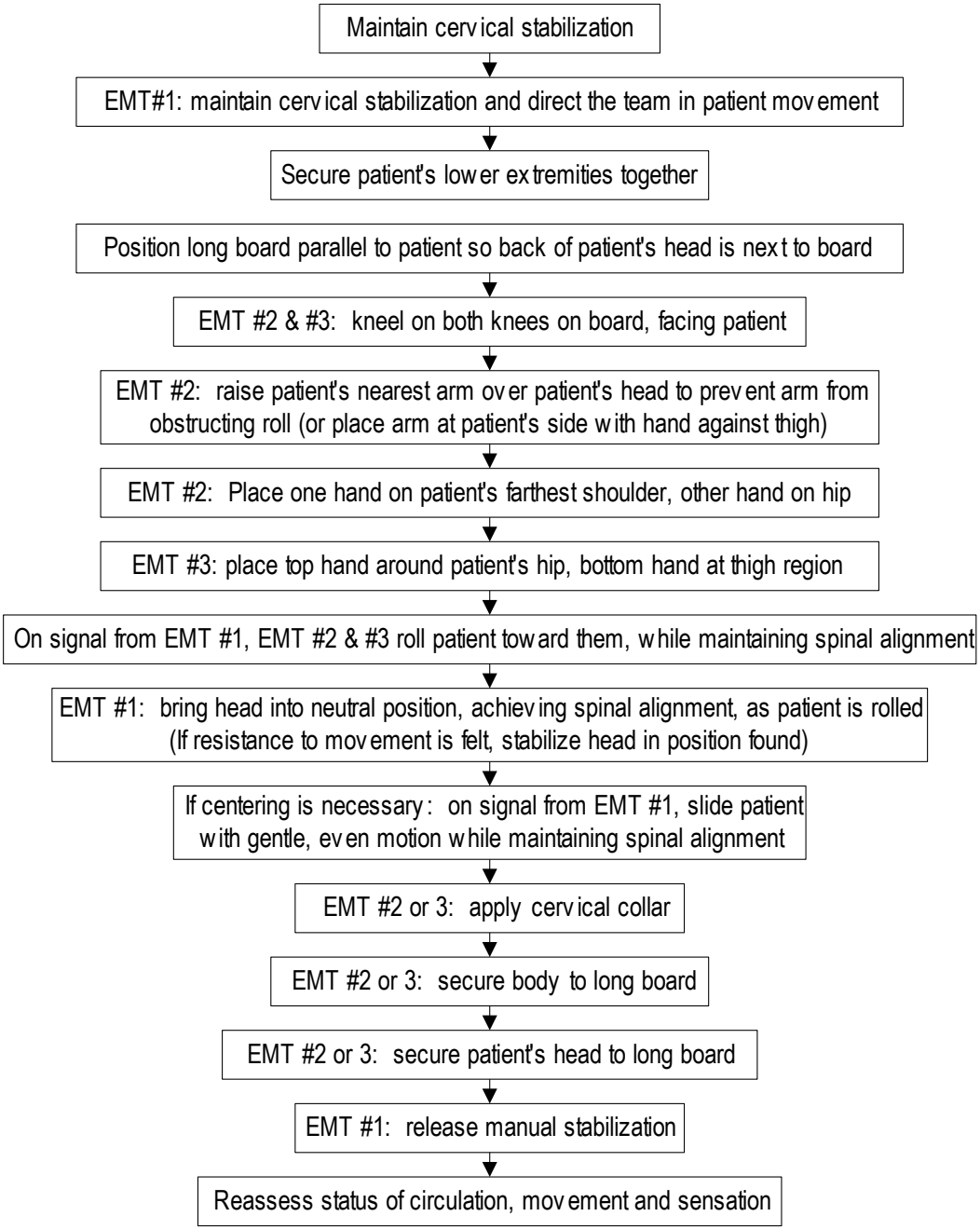
Initial: 5/21/08	**MILWAUKEE COUNTY EMS PRACTICAL SKILL**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised:	**KENDRICK-TYPE TRACTION DEVICE**	Signature:
Revision:		Page 1 of 1

Purpose:			**Indications:**
To provide stabilization and anatomic position of a femur fracture			Femur fracture
Advantages:	**Disadvantages:**	**Complications:**	**Contraindications:**
Decreases pain, muscle spasm Prevents further damage Requires only one EMT to apply	Application may delay transport	Straps holding the splint in place may restrict peripheral circulation if soft tissue swelling occurs	Ankle dislocation Knee dislocation Hip fracture



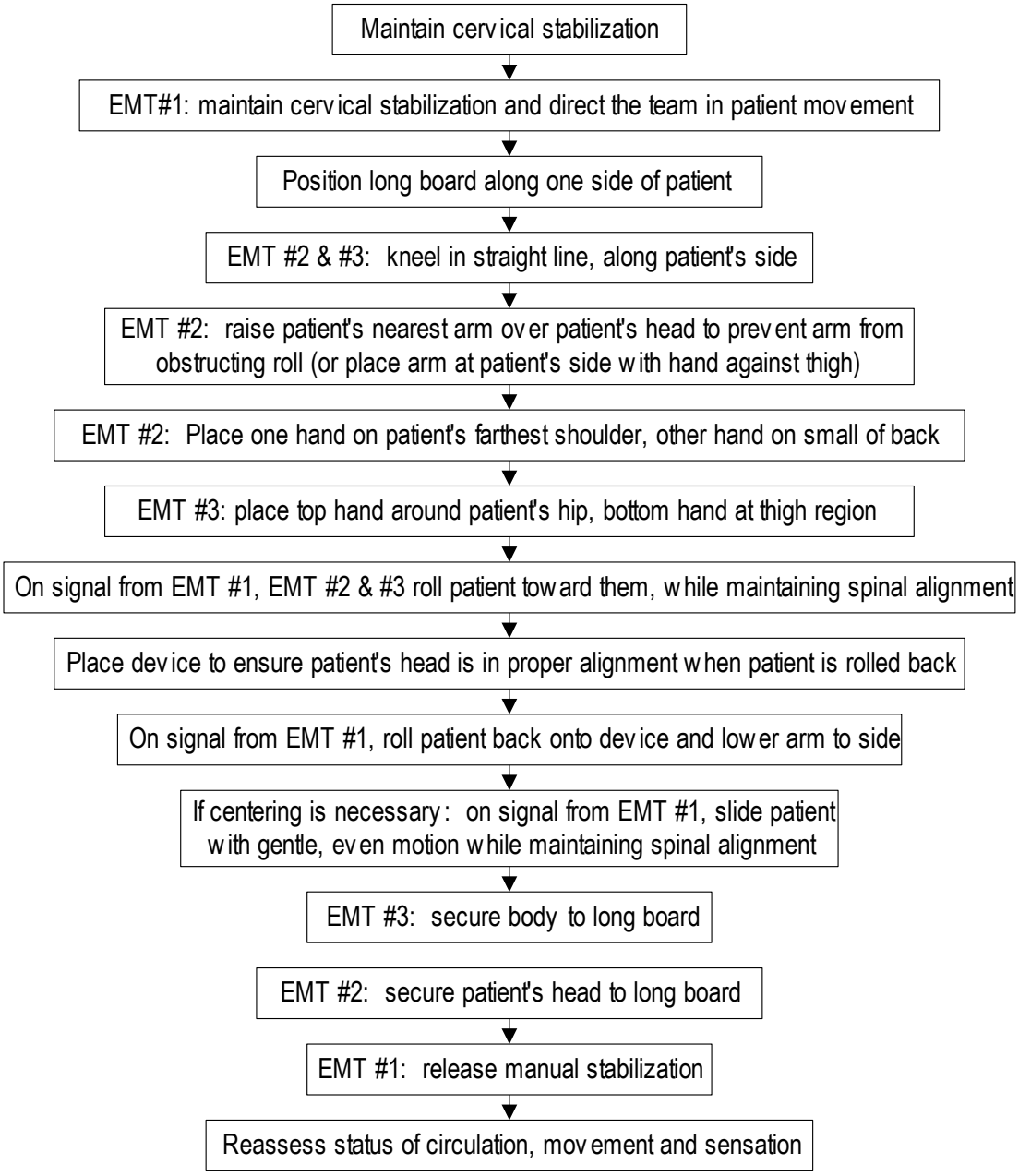
Initial: 9/92	**MILWAUKEE COUNTY EMS**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 5/10/00	**PRACTICAL SKILL**	Signature:
Revision: 2	**LOG ROLL TO LONG BOARD PRONE PATIENT**	Page 1 of 1

Purpose:		**Indications:**	
To provide rigid stabilization of the spinal column in a patient with a suspected potential for spinal cord injury		Patients with a suspected potential for spinal cord injury	
Advantages:	**Disadvantages:**	**Complications:**	**Contraindications:**
Prevent further injury	Requires three knowledgeable rescuers Immobilizes patient supine leaving airway easily compromised if patient vomits Straps may restrict respiratory effort	None	None



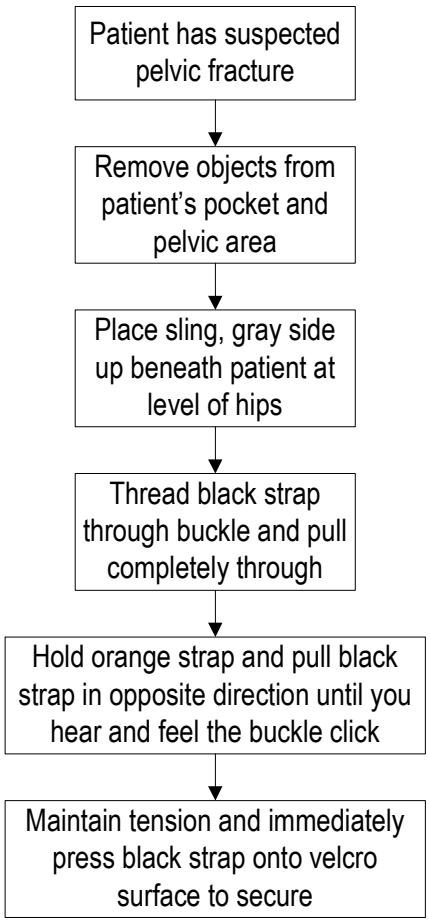
Initial: 9/92	**MILWAUKEE COUNTY EMS PRACTICAL SKILL**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 5/10/00		Signature:
Revision: 2	**LOG ROLL TO LONG BOARD SUPINE PATIENT**	Page 1 of 1

Purpose:		**Indications:**	
To provide rigid stabilization of the spinal column in a patient with a suspected potential for spinal cord injury		Patients with a suspected potential for spinal cord injury	
Advantages:	**Disadvantages:**	**Complications:**	**Contraindications:**
Prevent further injury	Requires three knowledgeable rescuers Immobilizes patient supine leaving airway easily compromised if patient vomits Straps may restrict respiratory effort	None	None



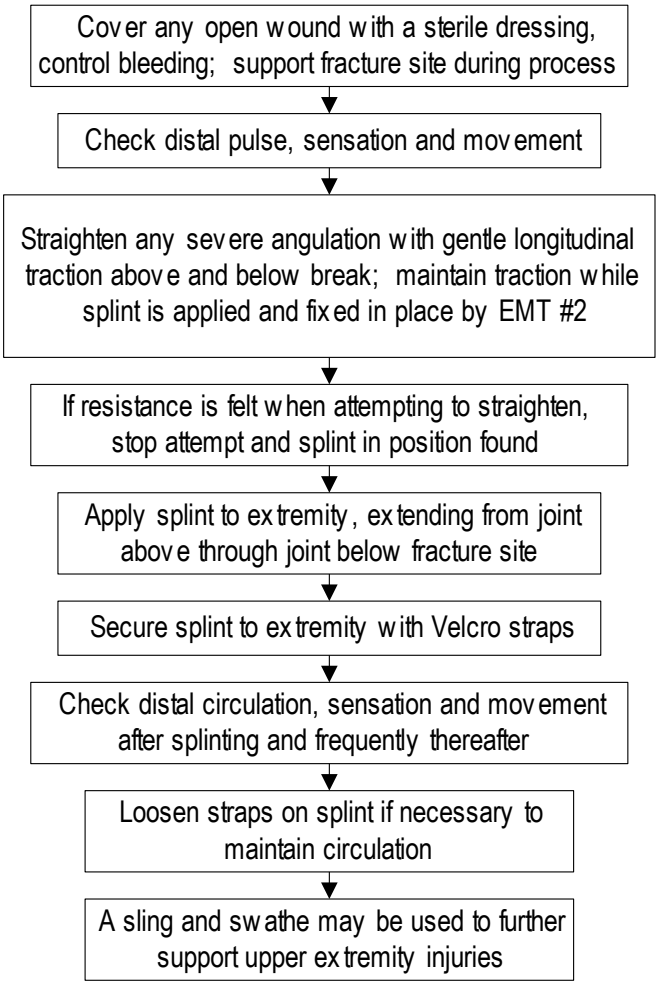
Initial: 7/11/11	**MILWAUKEE COUNTY EMS**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised:	**PRACTICAL SKILL**	
Revision:	**PELVIC SLING**	Page 1 of 1

Purpose:		**Indications:**	
To provide stabilization of pelvic fractures		Suspected pelvic fracture	
Advantages:	**Disadvantages:**	**Complications:**	**Contraindications:**
Easy to apply Designed to apply correct force; cannot be over- tightened Allows for x-rays without removal	None	Prolonged application can cause excessive skin pressure, especially with massive fluid resuscitation	Not for use on pediatric patients



Initial: 9/92	**MILWAUKEE COUNTY EMS**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 5/10/00	**PRACTICAL SKILL**	Signature:
Revision: 2	**PRO SPLINTS**	Page 1 of 1

Purpose:		**Indications:**	
To provide rigid stabilization of a suspected fracture site		Suspected fracture	
Advantages:	**Disadvantages:**	**Complications:**	**Contraindications:**
Easy to apply	Soft tissue swelling can cause Velcro straps holding the splint in place to become too tight and restrict peripheral circulation	None	None

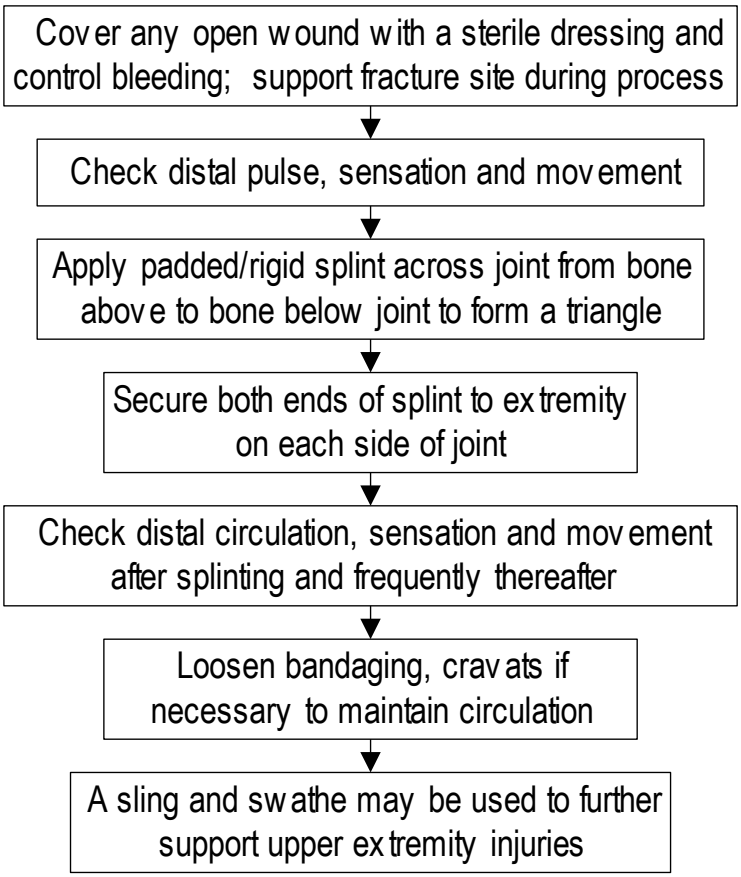


NOTES:

- Pro splints may be used for any upper or lower extremity injury as long as the splint extends from the joint above through the joint below the fracture site.

Initial: 9/92	**MILWAUKEE COUNTY EMS**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 5/10/00	**PRACTICAL SKILL**	Signature:
Revision: 2	**RIGID BOARD SPLINT FOR JOINT INJURY**	Page 1 of 1

Purpose:		**Indications:**	
To provide rigid stabilization of a suspected joint fracture		Suspected joint fracture	
Advantages:	**Disadvantages:**	**Complications:**	**Contraindications:**
Easy to apply Readily available	Soft tissue swelling can cause bandages holding the board in place to become too tight and restrict peripheral circulation	None	None



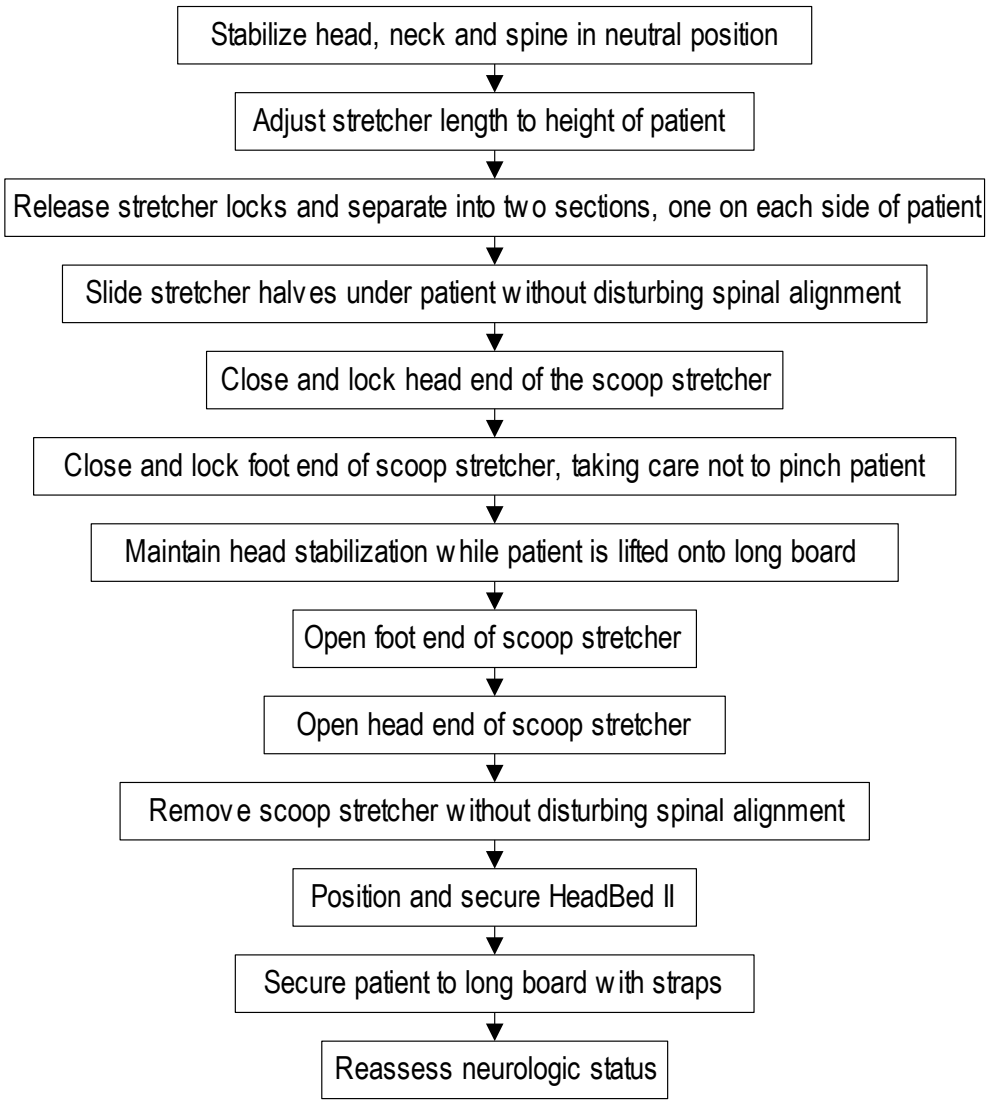
NOTES:

- Fractures/injuries appropriately treated with a rigid board splint for a joint injury are: elbow, knee.

Initial: 9/92	**MILWAUKEE COUNTY EMS**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 5/10/00	**PRACTICAL SKILL**	Signature:
Revision: 2	**MOVEMENT OF A SUPINE**	Page 1 of 1

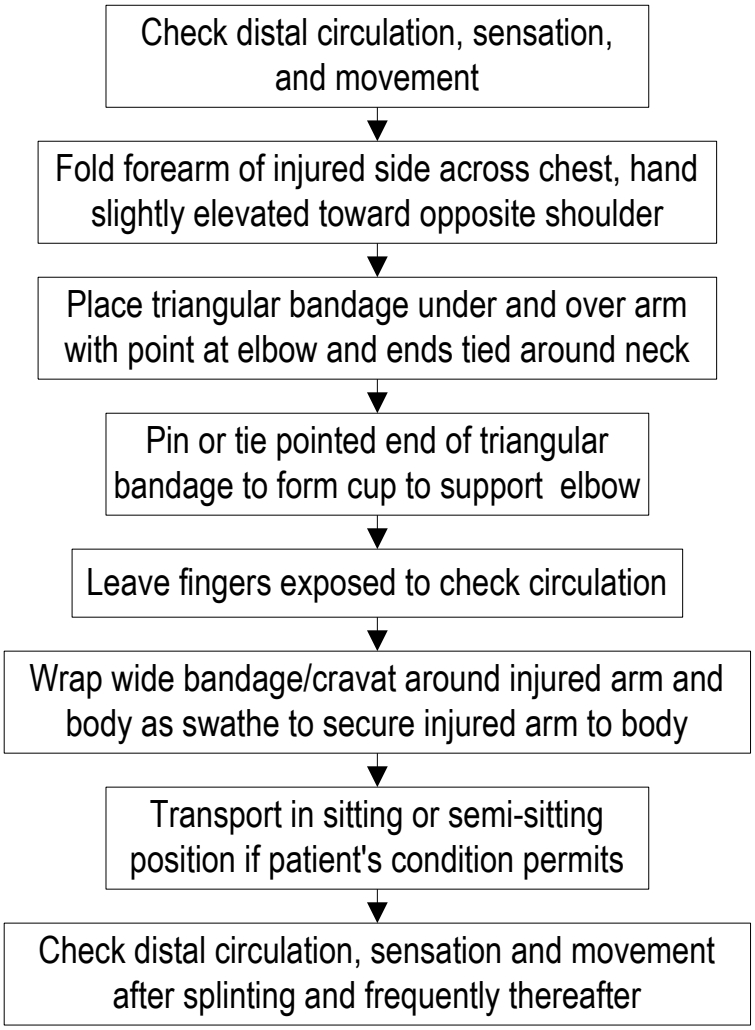
PATIENT USING A SCOOP STRETCHER

Purpose:		**Indications:**	
To enable movement of a patient with a suspected spinal cord injury while maintaining rigid stabilization of the spinal column		Patients with a suspected potential for spinal cord injury	
Advantages:	**Disadvantages:**	**Complications:**	**Contraindications:**
Enables movement of patient to long board with spinal stabilization Prevent further injury	Immobilizes patient supine leaving airway easily compromised if patient vomits Straps may restrict respiratory effort	Pinched skin	None



Initial: 9/92	**MILWAUKEE COUNTY EMS**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 10/15/08	**PRACTICAL SKILL**	Signature:
Revision: 3	**SLING AND SWATHE**	Page 1 of 1

Purpose:		**Indications:**	
To immobilize the shoulder girdle and upper extremity		Fracture/dislocation/injury to the upper extremity	
Advantages:	**Disadvantages:**	**Complications:**	**Contraindications:**
Easy to apply Supports the shoulder girdle and upper extremity well	Patient must be in sitting position Does not provide rigid protection by itself	None	None

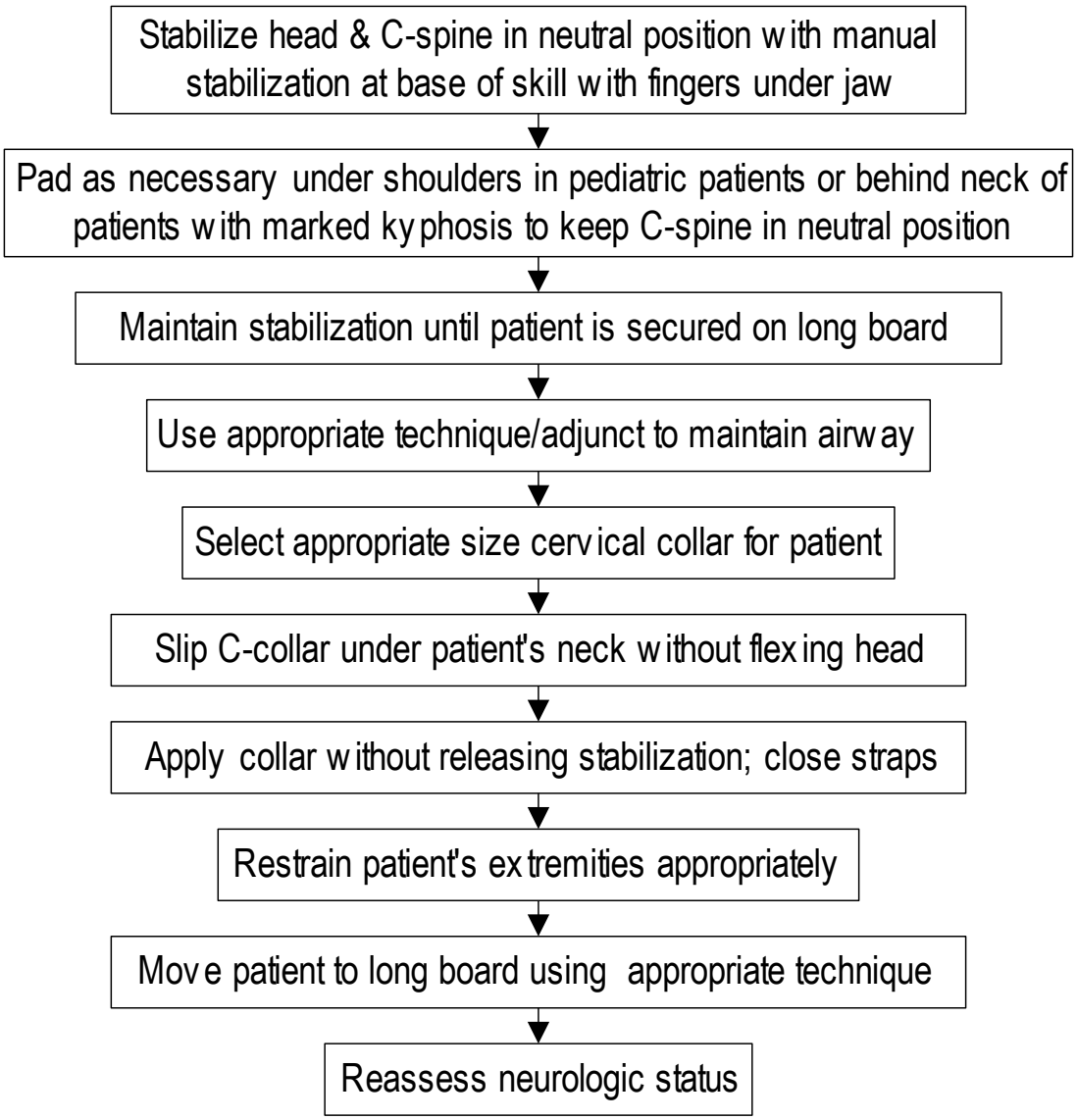


NOTES:

- Fractures/injuries appropriately treated with a sling and swathe are: clavicle, scapula, shoulder dislocation, humerus.
- A sling and swathe may also be used as a support for board splints on the elbow, forearm, or wrist.

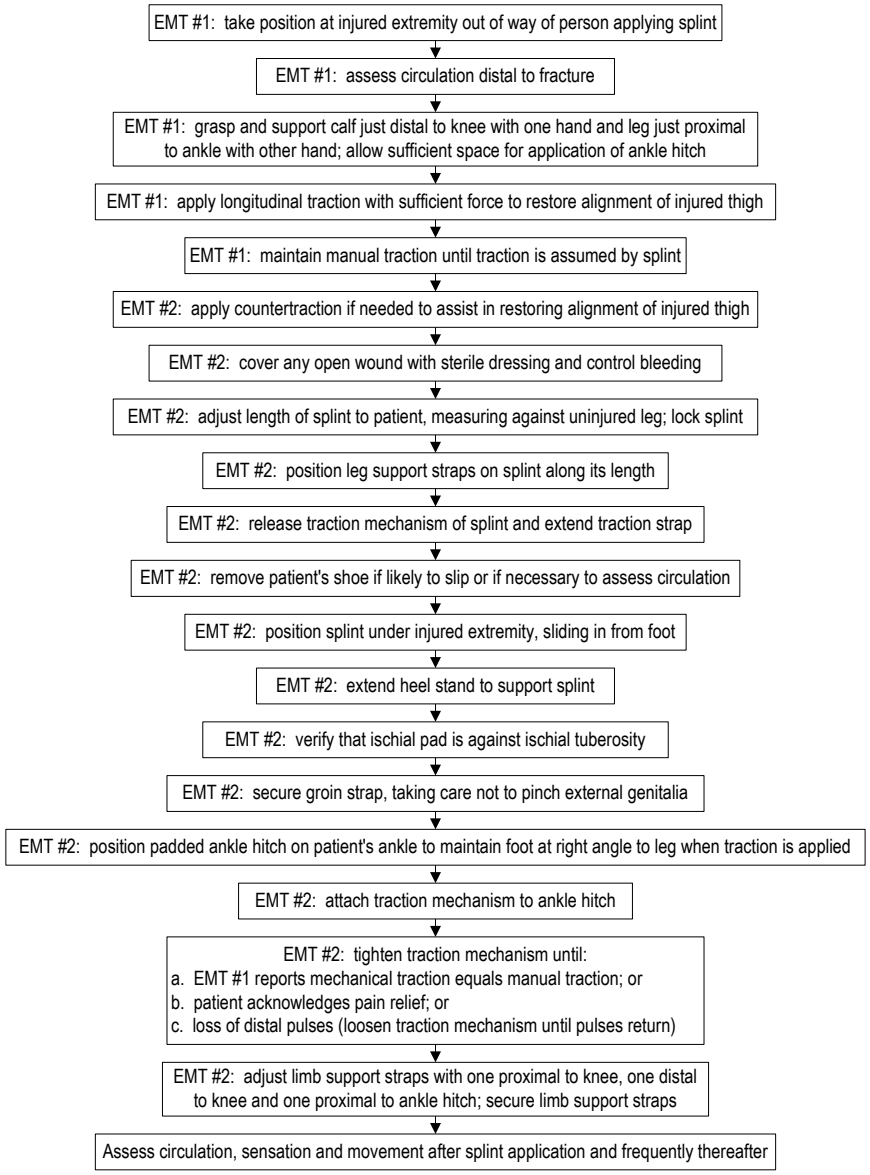
Initial: 9/92	**MILWAUKEE COUNTY EMS**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 5/10/00	**PRACTICAL SKILL**	Signature:
Revision: 2	**SPINAL STABILIZATION**	Page 1 of 1

Purpose:		**Indications:**	
To provide rigid stabilization of the spinal column in a patient with a suspected potential for spinal cord injury		Patients with a suspected potential for spinal cord injury	
Advantages:	**Disadvantages:**	**Complications:**	**Contraindications:**
Prevent further injury	Immobilizes patient supine leaving airway easily compromised if patient vomits Straps may restrict respiratory effort	Pressure sores due to long transport times	None



Initial: 9/92	**MILWAUKEE COUNTY EMS**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 9/24/03	**PRACTICAL SKILL**	Signature:
Revision: 2	**TRACTION SPLINTING**	Page 1 of 1

Purpose:			**Indications:**
To provide stabilization and anatomic position of a femur fracture			Femur fracture
Advantages:	**Disadvantages:**	**Complications:**	**Contraindications:**
Decreases pain, muscle spasm Prevent further damage	Application may delay transport Requires 2 EMTs to apply	Straps holding the splint in place may restrict peripheral circulation if soft tissue swelling occurs	Ankle dislocation Knee dislocation Hip fracture

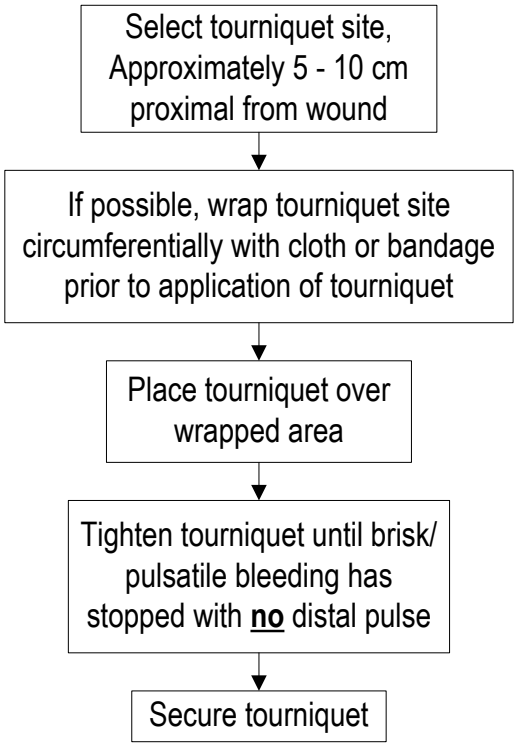


NOTES:

- If the unit is not equipped with a pediatric traction splint, two padded board splints may be applied.

Initial: 2/17/10	**MILWAUKEE COUNTY EMS PRACTICAL SKILL**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised:	**TOURNIQUET APPLICATION**	
Revision:		Page 1 of 1

Purpose:		**Indications:**	
To stop uncontrolled extremity hemorrhage		Uncontrolled extremity hemorrhage not responsive to direct pressure	
Advantages:	**Disadvantages:**	**Complications:**	**Contraindications:**
Can be secured in place to control hemorrhage	May be painful	Ischemia of extremity with prolonged use (usually over 2 hours)	Only to be used on the extremities, and **not** the torso, face, head, or neck Not to be used on limbs with dialysis fistulas except in cases of traumatic penetration, amputation, or crush injury without response to direct pressure



NOTES:

- Whenever possible, tourniquets should be applied over circumferential clothing remnant or gauze/kling wrap in order to reduce the possibility of skin injury.
- Tourniquets are applied to the injured extremity approximately 5-10 cm proximal to (above) the wound. They should never be applied on a joint. In such cases, the tourniquet can be moved distally (below) or proximally (above) - preferably distal - to the joint.
- A tourniquet should be tightened until brisk/pulsatile bleeding ceases, and there are no detectable distal pulses. The wound may continue to ooze.
- Once placed, a tourniquet should not be removed except under the orders of a physician.