



Amherst Fire District Procedure Splinting

Clinical Indications:

- Immobilization of an extremity for transport 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. When possible 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., roller gauze, 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 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, the following procedure may be followed for placement of a Kendrick Traction Device:
 - a. Assess neurovascular function as in #1 above.
 - b. Have a crew member maintain stability in the leg.
 - c. Secure the ankle hitch around the ankle with the traction strap extending under the foot.
 - d. Apply the thigh strap and tighten making sure the traction pole receiving holes are on the outside of the thigh.
 - e. Size up and shorten the traction pole as needed so that the black line is level with the foot.
 - f. Place the traction pole in the receiving holes on the thigh strap and attach the elastic knee strap.
 - g. Attach the yellow loop on the ankle hitch to the traction pole and pull until it is tight or moderate resistance is met.
 - h. Apply the elastic thigh strap and then the elastic ankle strap.
 - i. Reassess alignment, pulses, sensation, and motor function. If there has been deterioration in any of these 3 parameters, release traction and reassess.
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).

Note:

- Emergency Medical Responders may assist in applying a traction splint. EMR's who have prior approved training and written approval from the Medical Director may perform traction splint application.

Certification Requirements:

- Successfully complete an annual skill evaluation inclusive of the indications, contraindications, technique, and the possible complications of the procedure.