

OPEN WOUNDS

Abrasions
Lacerations
Incisions
Punctures
Avulsions
Amputations
Evisceration

Routine Medical / Trauma Care

MINOR OPEN WOUNDS

- Do focused physical exam
- Identify Mechanism of injury
- Obtain Baseline vital signs
- Assess bleeding and treat per HEMMORHAGE protocol

SEVERE OPEN WOUNDS

- Refer to HEMMORHAGE protocol for bleeding control.

**LACERATIONS
INCISIONS
PUNCTURES**

Apply bandage or dressing per HEMMORHAGE protocol

For gaping lacerations or lacerations > ¼ inch deep, stitches are indicated

If adjacent to any tendon or ligament, suggest evaluation & treatment at medical facility.

DO NOT remove impaled objects. Stabilize in place and arrange for immediate transport

ABRASIONS

Refer to HEMMORHAGE protocol

**AVULSIONS
AMPUTATIONS**

Treat bleeding per HEMMORHAGE protocol

DO NOT attempt to roll back avulsed skin

DO NOT remove any hanging or still attached items. Splint as well as possible.

Place any amputated items in sterile 4x4's then into a plastic bag then in a second bag with ice and water to be transported with patient.

Arrange for **IMMEDIATE** EMS transport

EVISCKERATION

DO NOT attempt to replace eviscerated intestines or organs

Contain eviscerated entrails as best as possible and cover with trauma pad moistened with sterile water or saline.

Cover eviscerated items with emergency blanket or plastic sheet and blanket to conserve body heat

Continue to keep dressings moist

Arrange for **IMMEDIATE** EMS

Monitor vitals every 15 minutes for stable patients and every 5 minutes for unstable patients until EMS arrival.

Advise patient of need for Tetanus booster or immunization