

SPLINTING PROCEDURES

**Obvious
fractures
Dislocations**

Splinting SHOULD NOT take priority over life threatening conditions.

Stabilize the injured limb manually.

Assess distal pulses, motor function and sensation. If pulses are absent, apply gentle in-line traction to the extremity to return the pulse.

Re-assess pulse, motor function and sensation after applying traction and every 5 minutes thereafter.

In some fractures, it may be necessary to splint them in the position they are found. In general, if pulses, motor function and sensation are intact, splint the extremity as it is found.

Splinting Recommendations

The following splints are recommended for the following situations. As every situation is different, splints may have to be improvised or adapted to achieve good immobilization.

- Clavicle – Sling and Swathe
- Radius / Ulna – Arm board or SAM splint
- Tibia / Fibula – Board splint or SAM splint
- Ankle – Pillow wrap or SAM splint
- Any Joints – Splint in position found with pillow wrap or SAM splints
- Hand – In position of function, kling roll in palm with ACE wrap or SAM splint
- Hip – Pillow wrap, inverted KED technique, LSB to facilitate movement
- Fingers – Tong splint with tongue depressors or buddy taping

ALWAYS assess and document distal pulse, motor function and sensation before and after splinting.