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# Forsyth County EMS

## Skill Procedure: Splinting

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	MR / EMT	
	Expanded Scope EMT	
	EMT-I	
	EMT-P	

### Clinical Indications:

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

### II. Procedure:

- A. Assess and document pulses, sensation, and motor function prior to placement of the splint and after the splint is applied. If no pulses are present and a fracture is suspected, consider reduction of the fracture prior to placement of the splint.
- B. Remove all clothing from the extremity.
- C. 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.
- D. Do not secure the splint directly over the injury or device.
- E. Place the splint and secure with Velcro, straps, or bandage material (e.g., kling, kerlex, cloth bandage, etc.) dependant upon the splint manufacturer and design.
- F. 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
- G. 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 femoral traction splint:
  - 1. Assess neurovascular function as in #1 above.
  - 2. Place the ankle device over the ankle.
  - 3. 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
  - 4. Extend the distal end of the splint at least 6 inches beyond the foot.
  - 5. Attach the ankle device to the traction crank.
  - 6. Twist until moderate resistance is met.
  - 7. Reassess alignment, pulses, sensation, and motor function. If there has been deterioration in any of these 3 parameters, release traction and reassess.
- H. Document the time, type of splint, and the pre and post assessment of pulse, sensation, and motor function in the patient care report (PCR).

### III. 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. Assessment should include direct observation at least once per certification cycle.

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Approved by:  
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