FIELD MEDICAL ASSISTANT COURSE (FMAC)

MODULE 17:
FRACTURES

TACTICAL FIELD MEDICAL AID (TFMA)

ROLE-BASED TRAINING SPECTRUM

ROLE 1 CARE

NONMEDICAL PERSONNEL

- Buddy First Aid
- Field Medical Assistant

You are HERE

MEDICAL PERSONNEL

- Paramedic
- Nurse
- Doctor

STUDENT LEARNING OBJECTIVES

TERMINAL LEARNING OBJECTIVE

T19 Given a combat or noncombat scenario, perform assessment and initial management of fractures during Tactical Field Care in accordance with TFMA Guidelines

EO86 Identify signs of a suspected fracture (ASM T7:E29)

EO87 Demonstrate the basic care of fractures in accordance with CoTCCC Guidelines (ASM T7)

EO88 Demonstrate proper splint application using a malleable rigid or improvised splint to a suspected fracture in Tactical Field Care

Three PHASES of TFMA

1 CARE UNDER FIRE

RETURN FIRE
AND TAKE COVER

Quick decision-making:

- Consider scene safety
- Identify and control life-threatening bleeding
- Move casualty to safety

2 TACTICAL FIELD CARE

COVER AND
CONCEALMENT

Basic Management Plan:

- Maintain tactical situational awareness
- Triage casualties as required
- MARCH PAWS assessment

YOU ARE HERE

3 TACTICAL EVACUATION CARE (TACEVAC)

More deliberate assessment and treatment of unrecognized life-threatening injuries:

- Pre-evacuation procedures
- Continuation of documentation

NOTE: This is covered in more advanced TFMA training!

TACTICAL FIELD CARE

MARCH PAWS

DURING LIFE-THREATENING	*AFTER* LIFE-THREATENING
MASSIVE BLEEDING **#1 Priority**	**P**AIN
AIRWAY	**A**NTIBIOTICS
RESPIRATION	**W**OUNDS
CIRCULATION	**S**PLINTING
HYPOTHERMIA / **H**EAD INJURIES	

FRACTURES

ASSESS FOR A FRACTURE

CLOSED FRACTURE

No open wound (break in skin) for closed fracture

OPEN FRACTURE

Open fracture open wound (break in skin) major threat for infection

WARNING SIGNS OF A FRACTURE:

- Significant pain and swelling
- An audible or perceived “snap”
- Different length or shape of limb
- Loss of pulse or sensation in the injured arm or leg
- Crepitus (hearing a crackling or popping sound under the skin)

FRACTURES

OBJECTIVES OF SPLINTING

A splint is used to prevent movement and hold an injured arm/leg in place to:

1. Identify the location of the fracture
   NOTE: Have the casualty or someone else manually stabilize the area
2. Check the distal pulse (pulse below the fracture) and capillary refill (color returning to the nail bed after pressing on it) on the injured extremity before applying the splint
3. Prepare the splint materials for application
   NOTE: Measure and shape the splint on the opposing uninjured extremity
4. Prepare securing materials (cravats, elastic wraps/bandages, etc.)
5. Apply the splint to the injured extremity with the limb, in the position of function (a normal resting position), if possible
   NOTE: If possible, lightly pad all voids within the splint to make it more comfortable
6. Secure the splint in place with appropriate materials
7. Ensure the joints above and below the fracture are immobilized in the splint whenever possible
8. Recheck the distal pulse following application of the splint. If the pulse is not palpable, loosen the splint, reposition, and reapply the splint
9. Administer the pain medications (from the Combat Wound Medication Pack) as needed and the antibiotic for any open fracture(s)
10. Document all treatment on a Casualty Card and attach it to the casualty

FRACTURES

PRINCIPLES OF SPLINTING

- Check for other associated injuries
- Use malleable or rigid materials
- Try to pad all voids or wrap if using rigid splint
- Secure splint with elastic bandage, cravats, belts, tape
- Try to splint before moving the casualty
- Minimize manipulation of the extremity before splinting
- Incorporate one joint above and below the fracture
- Splint arm fractures to the shirt using the sleeve, if needed
- Check distal pulse and skin color before and after splinting

SPLINTING

THINGS TO AVOID WHEN SPLINTING

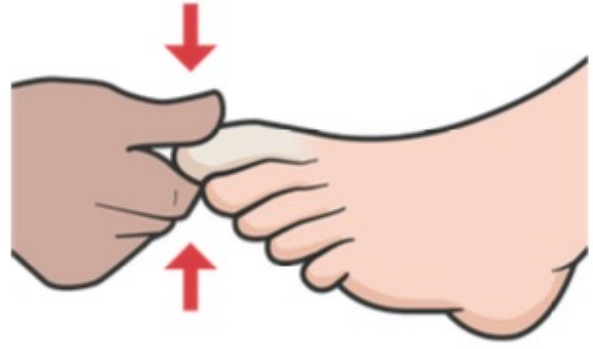
- Manipulating the fracture site too much resulting in pain, additional damage to blood vessels and nerves, etc.
- Securing too tightly, cutting off blood flow
- Failing to immobilize joint above and below fracture when possible
- Causing further injury
- Making casualty uncomfortable during transport/evacuation
- Splinting near or over a wound that has not be properly treated

SPLINTING

GUIDELINES FOR LEG SPLINTS

Identify the location of the fracture

Before applying the splint, **CHECK** distal pulse (pulse below the fracture)



CHECK capillary refill (color returning to the nail bed after pressing on it) on the injured extremity before applying the splint

Have the casualty or someone else manually stabilize the area

SPLINTING

GUIDELINES FOR LEG SPLINTS

PREPARE the splint materials for application

Measure and shape the splint on the opposing uninjured extremity

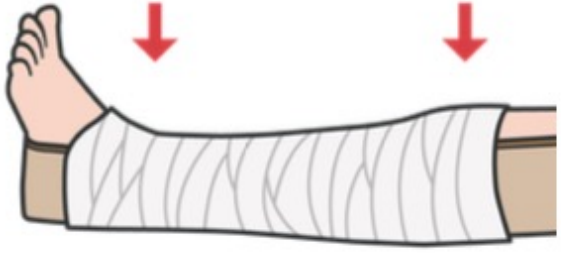
PREPARE securing materials (cravats, elastic wraps/ bandages, etc.)

APPLY the splint to the injured extremity with the limb, in the position of function, a normal resting position, if possible

FRACTURES

GUIDELINES FOR LEG SPLINTS

SECURE the splint in place with appropriate materials



ENSURE the joints above and below the fracture are immobilized in the splint whenever possible

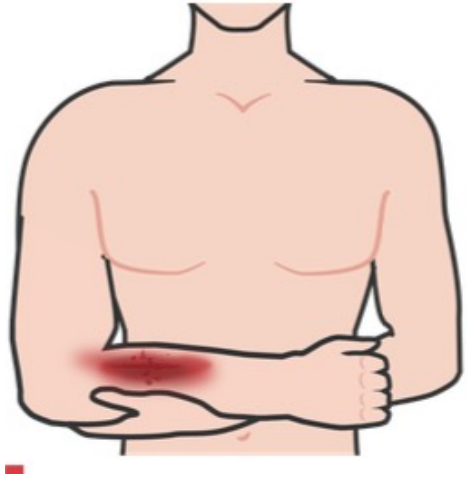
RECHECK the distal pulse following application of the splint

If the pulse is **not** palpable, loosen the splint, reposition, and reapply

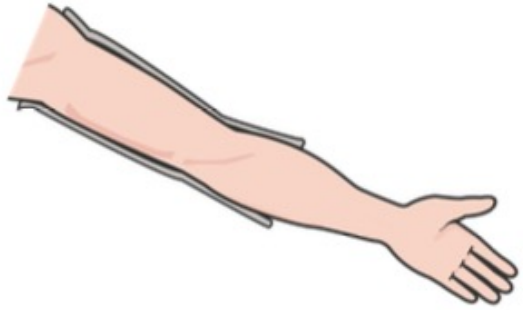
SPLINTING

GUIDELINES FOR ARM SPLINTS

Splinting the arm is the same concept as splinting a leg with the following exceptions:



If possible, have casualty support their injury while preparing equipment



Mold padded splint using casualty's unaffected limb

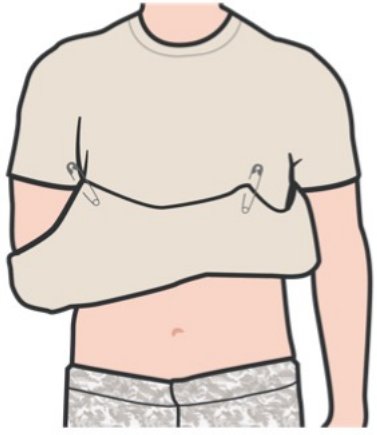
Use two triangular bandages to secure limb to body

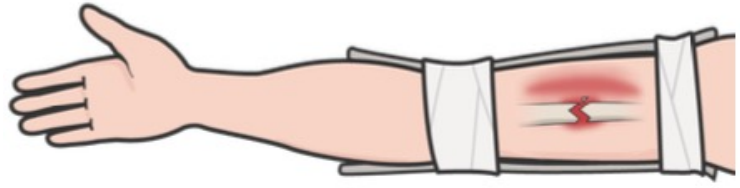
Use third triangular bandage; place under injured arm and around neck to help support injured limb

SPLINTING

GUIDELINES FOR ARM SPLINTS

Splinting the arm is the same concept as splinting a leg with the following exceptions:





- Check for signs of impaired circulation
- Apply a sling to immobilize the forearm
- Apply a swathe to immobilize the upper arm
- Place two cravats above the fracture site and two below the fracture site (preferred)

SPLINTING AN ARM

SPLINTING
(TACTICAL FIELD CARE)

Video can be found on DeployedMedicine.com

SKILL STATION

Splinting (Skill)

- Splinting

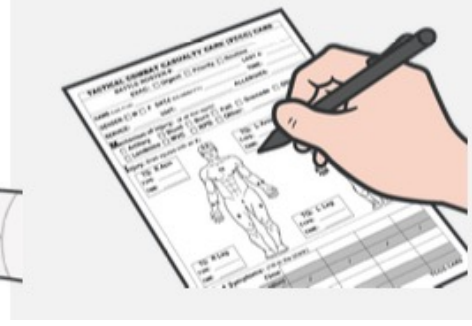
SUMMARY

- The most important aspect of splinting is to splint in a way that does not harm the nerves or blood vessels in the splinted extremity
- **Before** and **after** splinting, **assess** the following:

CIRCULATION
Check pulses distal to the splint (between splint and end of limb)

MOTOR
Ask the casualty to move the body parts distal to the splint, e.g., fingers or toes

SENSORY
See if the casualty can feel a gentle touch on the body parts distal to the splint



AFTER SPLINTING
Document all assessment and treatment on the Casualty Card

CHECK ON LEARNING

- True or False: When applying a splint, ensure the joints above and below the fracture are immobilized in the splint whenever possible.
- What should you assess before and after splinting?

ANY QUESTIONS?