

AMPUTATION

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ Location: _____ Mechanism of injury: _____

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O₂ sats. _____ FSBS: _____

Amputation	Pulses (distal to injury)	Skin temp (distal to injury)	Range of Motion	Appearance
<input type="checkbox"/> Partial	<input type="checkbox"/> Present	<input type="checkbox"/> Normal	<input type="checkbox"/> Full	<input type="checkbox"/> No distress
<input type="checkbox"/> Complete	<input type="checkbox"/> Absent	<input type="checkbox"/> Warm	<input type="checkbox"/> Slightly decreased	<input type="checkbox"/> Mild distress
		<input type="checkbox"/> Cool	<input type="checkbox"/> Greatly decreased	<input type="checkbox"/> Moderate distress
				<input type="checkbox"/> Severe distress

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF: *Health care provider must be called if not on site or if after clinic hours.*

For any partial or complete amputation

Emergency department notification time: _____ Transport time: _____

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** Yes No

Plan: Interventions: (check all that apply)

- Check in assessment only for health care providers visit.
- Control excessive bleeding
 - Apply direct pressure
 - Apply pressure at pressure point nearest extremity
 - Elevate limb
- Call 911
- Observe of signs and symptoms of shock
- Administer O₂ as indicated (this will require an order from the health care provider)
- Apply moist saline gauze over wound until reattachment or closure

If amputated part found:

Do Not:

- Place part(s) directly on ice
- Float part(s) in a bag of solution
- Use any antiseptic or other solution
- Allow the part(s) to freeze

- Wrap part(s) in dry gauze or minimally moistened with sterile normal saline or lactated ringers solution
- Place part(s) in a plastic bag and seal securely
- Place plastic bag in a container (or other bag) that has been filled with crushed ice or ice packs

In Case of Incomplete Amputation:

- Splint the attached part
- Cool the detached portion, if possible
- Education/Intervention: Instructed signs and symptoms of infection, follow-up sick call if no improvement, condition worsens or fever. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

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