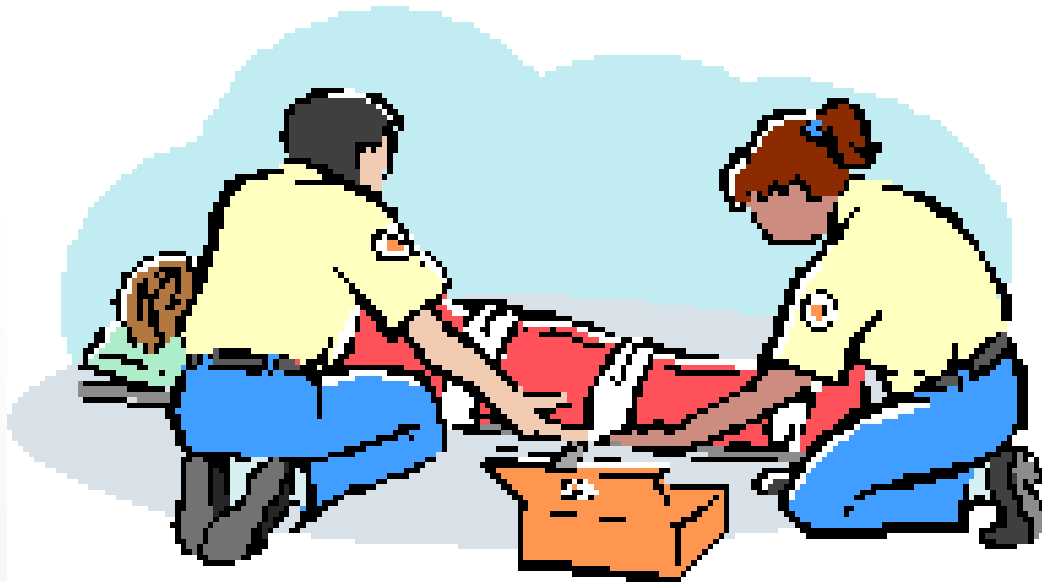


# Splinting

GFR Training  
October 16, 2016



# Step 1

## Manual Stabilization

- Stabilize the joints above and below the suspected injury site to minimize further movement during assessment



# Step 2

## Establish the Injury's Baseline

- Prior to applying a splint, check for CMS in the injured extremity



# Step 3

## Attempt Realignment or Repositioning

- Long bone and joint injuries may result in a loss of CMS in distal extremities due to compression or other soft tissue damage at injury site
- If a long bone fracture is severely deformed or the distal extremity is cyanotic or lacks pulses, the long bone should be realigned through the application of gentle manual traction prior to splinting
- Joint injuries should always be immobilized in the position in which they were found unless the portion of the extremity distal to the injury is cyanotic and/or lacks pulses
- *If you encounter any resistance at all during realignment, stop immediately and splint in that position!*

# Step 4

## Select the Appropriate Splint

<b>Ankle</b>	Frac Pack, Small/Medium Hard Boards, SAM Splint
<b>Tibula/Fibula</b>	Medium/Long Hard Boards
<b>Knee</b>	Medium/Long Hard Boards
<b>Femur</b>	Traction Splint (unless contraindicated)
<b>Hip or Pelvis</b>	KED (upside down), Sheet, Long Board
<b>Finger</b>	Tape, Tongue Depressor, SAM Splint
<b>Wrist</b>	Frac Pack, Short Hard Boards, SAM Splint
<b>Radius/Ulna</b>	Short Hard Boards, SAM Splint
<b>Elbow</b>	Short/Medium Hard Boards, SAM Splint
<b>Humerus</b>	Short/Medium Hard Boards
<b>Shoulder</b>	Frac Pack, Sling and Swathe

# Step 5

## Make a Complete Splint

- Immobilize the bones (for joint injury) or joints (for long bone injury) above and below the injury site to restrict movement
- Splint in a position of function for the extremity
- Apply a sling and swathe for any upper extremity injuries to minimize movement





# Step 6

## Remember to Add Padding

- Pad the splint to fill any void spaces between the extremity and the splint itself
- Padding makes the splint more secure and stable, may decrease pain and increase patient comfort



# Step 7

Recheck CMS after the splint is in place

- If Patient complains of worsening pain or there is a loss of CMS, readjust the splint carefully to ensure it was not applied too tightly





# Step 8

## Vitals, History, Documentation

- Take all vitals – Watch for signs of shock
- Obtain a SAMPLE History including MOI
- Document your findings and interventions carefully, including the status of CMS before and after applying the splint. Be sure to explain why a splint was indicated for the patient.



# Questions?

# Stations:

## 1. Long Bone:

- a. Tib/fib
- b. Radius/Ulna  
and Humerus

## 2. Joint:

- a. Shoulder/Elbow
- b. Wrist/Ankle
- c. Hip/Knee

## 3. Traction

-You will be split up  
into 3 groups, and  
each group will rotate  
through each station  
-For joint and long  
bone stations, you only  
need to do one of the  
options there