USAR Medical Specialist Paramedic Only

Field Fasciotomy

Purpose: To establish procedure to recognize the need for and preparation for Field Fasciotomy.

Indication:

1. Compartment syndrome with distal pulses absent below injury, and prolonged extrication making time to definitive care longer than 1 hour.
2. USAR Team Physician is on scene and has determined fasciotomy is necessary to save life or limb of patient.

Contraindication:

1. Pulses felt below the injury
2. Patient could be transported to definitive care within 1 hour.

Procedure

1. Consult with USAR Team Physician to determine clinical need for fasciotomy.
2. Follow the **General Pre-Hospital Protocol**.
3. Establish IV or IO per **Vascular Access and IV Fluid Therapy Protocol**.
4. The following steps are in conjunction with and at the discretion of the on-scene USAR Team Physician:
5. Provide pain management
6. Provide sedation
    a. Provide analgesic prior to procedure although it may not be possible or necessary as feeling might be absent in the effected limb.
    b. Ketamine is preferred for sedation, pain management, and its dissociative properties.
7. Gather equipment for procedure: Antiseptic wash, scalpel, bandaging and tape needed to cover the wound.
8. Confirm correct limb and confirm indications for procedure
9. Begin gross antiseptic wash with approved antiseptic fluid. Do not wipe clean, allow it to dry if time allows.
10. Assist the USAR Team Physician as needed with the following:
11. Using a scalpel, incise down to the muscle but do NOT go through the muscle.
    a. Depth will vary based on patient BMI and swelling from compartment syndrome.
    b. Cut no longer than is necessary to relieve pressure.
12. Dress the wound immediately with loose sterile bandages and tape.
13. Administer antibiotic per **USAR Broad Spectrum Antibiotics Protocol**.
14. Confirm return of pulses distal to injury.

a. If pulses have not returned, advise the USAR Team Physician for further instructions.

15. Continue to monitor patient, wound, and pulses distal to injury.
16. Record time of procedure and indications for procedure in ePCR.