

LEGEND

- Decision Point
- Selection
- Diagnostic Step
- Action Item

Mangled Extremity*

Primary Survey:
A - Airway
B - Breathing
C - Circulation

- !**
- TTA if not activated
 - Early Orthopedics and Vascular Surgery consults
 - Early Plastics consult for suspected nerve or tendon repair and/or reconstruction planning
 - Broad spectrum antibiotics
 - Tetanus immunization

Able to obtain hemostatic control (with tourniquet down)?

Yes

No

- Obtain anatomic Re-alignment of extremity
- Vascular exam
- Neuro exam

! Orthopedics to obtain classification of bony injury

Concern for salvageability?

Yes

No

Multidisciplinary Discussion

Concern for Vascular Injury?

Yes

No

CTA and Vascular Surgery consult

Evaluation in OR

Disposition guidelines for Mangled Extremity:

Note: Specialized nursing care is of primary importance in determining disposition

Polytrauma with active injuries outside of mangled extremity: **Trauma**

Isolated mangled extremity:

- Soft tissue coverage/reconstruction: **Plastic Surgery**
- No skin flap reconstruction: **Ortho**

*Mangled extremity is injury/deficit, proximal to wrist or ankle, to 3 of the following 4 structures: bone, soft tissue (tendon, muscle and/or skin), nerve, blood vessels.