

A decorative graphic consisting of a thin gold circle on the left side. A thick, dark olive-green horizontal bar extends from the circle across the top of the slide. A large black left square bracket is positioned on the left side of the bar, and a large gold right square bracket is on the right side.

Critical Care Transport

How to transport a patient
with an amputated extremity..

REMEMBER “AMPUTATE”

- A- assess
- M- moisten
- P- protect
- U- utilize
- T- timeline
- A- account
- T- temperature control
- E- evaluate



Assess

- Before leaving the referring hospital evaluate the amputated body part!
- Ensure that it belongs to your patient and that it is the correct amputated body part.
- The CCT team is responsible for an accurate assessment & the arrival of the correct body part.

Assess

- The amputated body part should be cleansed with sterile saline or water to remove debris.
- The patient's injured extremity should be elevated above the patient's heart.

Moisten

(the sterile gauze or towel)

- After you have assessed the extremity, it will need to be packaged for transport.
- Wrap the amputated body part in a sterile towel or gauze moistened with sterile saline or water
- Place in a plastic biohazard bag and seal.
- Then place sealed bag into a bag with ice.
- Note, the extremity is not in direct contact with ice!!



Protect

(the extremity from direct contact)

- Place the sealed bag containing the amputated body part in a container (or bag) of ice careful to prevent direct contact with the ice.
- Label the container with amputated extremity using patient identifiers.



Utilize (*Your Resources*)

- You can use the cooler where we store our iStat in the storeroom.
- There are always biohazard bags located in the hospital and our ambulances.
- If you have questions please call the coordinator, medical control physician or the receiving hospital.



Timeline

- Establish a timeline?
- When did the accident occur?
- What treatment/cleaning was carried out?
- When was the extremity placed on ice?
- What is your ETA to the receiving hospital?
- **An amputated extremity that has NOT been placed on ice is viable for 4 - 6 hrs.**
- An amputated extremity that **has** been placed on ice can remain viable up to **18 hours.**

Account

(for proper transport)

Document

- Onset of amputation
- Referring assessment
- Step by step care
- How it was transported
- How it was packaged
- Notified receiving hospital and ETA
- Report called and plan of care upon arrival

MUSCULOSKELETAL: Cast	Splints
Traction - → Extremity	Cervical
Cervical Collar -	
Comments - Describe, color, temperature	
"thumb and index finger from Right Hand"	
digits pale, cool & no ice crystals visualized.	
ARE TRANSPORT DEPT. COPY	R.N. PS 17172 2.09

TIME	Check/Circle as s
2200	Arrived to find
	Assessed Right thumb and index finger, rinsed in sterile saline and wrapped loosely in sterile gauze/towel. Placed in sealed biohazard bag and barrier placed on ice, and sealed in container. Container labeled and remains in patient.

Temperature Control

- **NEVER** use **dry ice**.

Dry ice is extremely cold: **minus 109.3°F** or **minus 78.5°C** and can cause tissue death.

- It can burn skin and may cause frostbite to the extremity



Evaluate & Reassess

(with Receiving Hospital)

- If there are any concerns promptly discuss with your medical control physician & and the receiving staff.
- Answer any questions they may have regarding the arrival of CCT and the transport process.
- Document in your nurses notes who assumed care of the patient and the extremity.
- Document any concerns, problems, or no change when transport completed.