Routine Patient Care.
- Manually stabilize the injury.
- Control bleeding with pressure and/or tourniquet, see Tourniquet Procedure 6.7. Consider hemostatic dressing for severe hemorrhage.
- Remove obvious debris, irrigate open wounds with saline solution, and cover with moist sterile dressing.
- Assess CSMs distal to injury before and frequently after immobilization.
  - Splint extremity as required.
  - Traction splinting is preferred technique for isolated adult and pediatric mid-shaft femur fractures.
  - For pain relief apply ice and elevate.
- In a patient with a high risk mechanism of injury see Spinal Injury Protocol 4.5.
- Stabilize suspected pelvic fractures with commercial device (preferred) or bed sheet.

Musculoskeletal Injuries
Adult & Pediatric

PEARLS:
- Use ample padding when splinting possible fractures, dislocations, sprains, and strains. Elevate injured extremities, if possible. Consider the application of a cold pack for 30 minutes.
- Musculoskeletal injuries can occur from blunt and penetrating trauma. Fractures of the humerus, pelvis and femur, as well as fractures or dislocations involving circulatory or neurological deficits, take priority over other musculoskeletal injuries.
- Hip dislocations, pelvic, knee, and elbow fracture / dislocations have a high incidence of vascular compromise.
- Lacerations should be evaluated for repair within 6 - 12 hours.
- Blood loss may be concealed or not apparent with extremity injuries.