

Upper Extremity Replantation

Initial patient care guidelines

General principles of replantation

1. Many amputated parts can be replanted: arm, hand, finger, leg, foot, scalp, penis, nose, ear and tongue.
2. Replantation is most successful when initiated within six hours of injury.
3. Speed is important, but do not overlook other injuries.

Priorities of care

Airway – establish and maintain airway

Breathing – establish adequate breathing

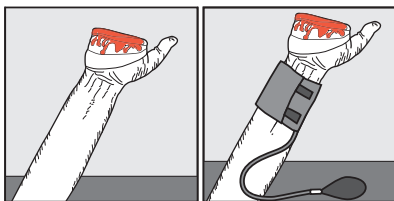
Circulation – maintain hemodynamic status

- Establish IV line in uninjured extremity with large (14 or 16 gauge) percutaneous plastic catheter to infuse lactated Ringer’s solution.
- Examine for signs of internal bleeding (abdomen, chest, fracture).
- Altered level of consciousness
- Perform baseline neurological assessment
- Stabilize head and spine as appropriate
- Identify other injuries.
- Splint fractures.

Stabilize and transfer as appropriate

Care of the amputation site

1. Search for and control external bleeding.
 - Direct pressure and elevation at the amputation site. **Do not clamp bleeders.**
2. Tourniquet
If significant extremity bleeding persists:
 - Apply pressure cuff
 - Inflate until bleeding stops
 - Deflate cuff for 5 minutes every 30 minutes while maintaining direct pressure



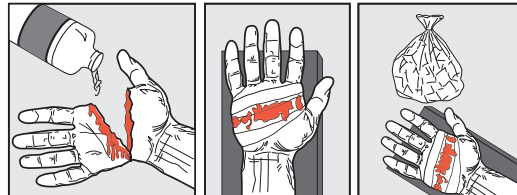
3. General care of the patient

- Apply sterile dressing to proximal amputation site.
- Administer tetanus prophylaxis.
- Administer appropriate antibiotics.
- Pain relief: use appropriate narcotic to provide pain relief. Record time given.
- Keep patient NPO. Examine for signs of internal bleeding (abdomen, chest, fracture).

Care of the amputated part

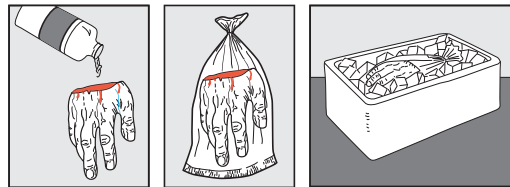
1. Incomplete amputations
 - Rinse part briefly with saline. **Do not scrub.**
 - Splint part in as normal position as possible and apply sterile pressure dressing.

- Place part on ice bags or cold packs and replace as needed.
- Do not cut any existing attachments** no matter how small or thin.



2. Complete amputations

- Rinse part briefly with saline. **Do not scrub.**
 - Wrap part in a thin layer of dry or saline-moistened gauze.
 - Place part into plastic bag and seal.
- Do not put any fluid into bag.**
- Place part on ice bags or cold pack to keep part cold, not frozen. **Do not use saline or dry ice.**



Patient transfer

1. Call The University of Kansas Health System Transfer Center at 877-738-7286. When you call the Transfer Center, a nonclinical coordinator and triage nurse coordinator will:
 - Collect patient information regarding condition and diagnosis
 - Facilitate communication with our hospital’s attending physician to expedite transfer or consult
 - Provide clinical triage and decision-making regarding patient placement, and activate appropriate response teams
 - Offer real-time bed status for incoming patients
 - Coordinate medical record information to reduce duplication of diagnostic tests and scans
2. Send radiographs and medical records with patient. Images may also be uploaded via NuancePowerShare.com

We accept most major insurance plans, including Kansas Medicaid.

For more information

Physicians: **913-588-5862** | 877-588-5862
kansashealthsystem.com/consult

To transfer a patient

877-738-7286