



## Prehospital Care Bundles

The MLREMS Prehospital Care Bundles have been created to provide a simple framework to help EMS providers identify the most critical elements when caring for a patient. These bundles do not replace protocol, but are designed to assist quality assurance and performance evaluations as we work collectively to optimize the delivery of prehospital medicine. As the science and evidence changes, so will these care bundles.

The New York State Collaborative Protocols and the MLREMS Care Bundles are intended to improve patient care by prehospital providers. They reflect current evidence and the consensus of content matter experts. The Collaborative Protocols and the MLREMS Care Bundles are intended to provide principles and direction for the management of patients that are sufficiently flexible to accommodate the complexity of care in the prehospital environment. No Protocol or Care Bundle can be written to cover every situation that a provider may encounter, nor are they substitutes for the judgement and experience of the provider. Providers are expected to utilize their best clinical judgement to deliver care and procedures according to what is reasonable and prudent for specific situations. However, it is expected that any deviations from protocol shall be documented along with the rationale for such deviation.

**NO PROTOCOL OR CARE BUNDLE IS A SUBSTITUTE FOR  
SOUND CLINICAL JUDGEMENT.**



# Orthopedic Injury Immobilization Care Bundle

## Orthopedic Injury Immobilization

Metric	Goal
Assess neurovascular status	Assess CMS distal to the injury
Focused Physical Exam	Examine joints above and below the injury
Immobilize the Injury	Apply immobilization that limits the movement of the joints above and below the injury
Re-assess neurovascular status	Assess CMS in the extremity distal to the injury following immobilization
Analgesia	Provide BLS or ALS analgesic interventions
Spinal Motion Restriction	Implement SMR if indicated based on the history, mechanism of injury, and physical examination

### Theory/Evidence

#### Assess Neurovascular Status

- Absence of pulse or neurovascular compromise may require immediate alignment of the injury to restore adequate blood flow.

#### Focused Physical Exam

- Examine the injury, and joints, above and below the injury to determine if there are any further injuries.

#### Immobilize

- Use appropriate means (anatomic splint, board splint, traction splint, vacuum splint, sling, etc) to limit the movement of the joints above and below the injury to limit further injury, control pain, and maintain a neurovascularly intact extremity.

#### Re-asses Neurovascular Status

- Ensure the extremity has not become neurovascularly compromised as a result of immobilization.

#### Analgesia

- Provide BLS (Ice pack, position of comfort, distraction, etc) or if unsuccessful, ALS (ketorolac, opioid analgesia, etc) interventions.

#### Spinal Motion Restriction

- Spinal motion restriction should be performed when indicated and documented when not. Orthopedic injuries can be distractions from pathologic neck or back pain.