

AMPUTATION

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ Location: _____ Mechanism of injury: _____

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____

Amputation	Pulses (distal to injury)	Skin temp (distal to injury)	Range of Motion	Appearance
<input type="checkbox"/> Partial	<input type="checkbox"/> Present	<input type="checkbox"/> Normal	<input type="checkbox"/> Full	<input type="checkbox"/> No distress
<input type="checkbox"/> Complete	<input type="checkbox"/> Absent	<input type="checkbox"/> Warm	<input type="checkbox"/> Slightly decreased	<input type="checkbox"/> Mild distress
		<input type="checkbox"/> Cool	<input type="checkbox"/> Greatly decreased	<input type="checkbox"/> Moderate distress
				<input type="checkbox"/> Severe distress

Refer to Medical Provider If:

- For any partial or complete amputation
- Emergency department notification time: _____ Transport time: _____

Medical Provider/RN Notified: Date: _____ **Time:** _____ **Orders Received for Treatment:** Yes No

Assessment:

- Alteration in skin integrity related to trauma

Plan:

Nursing Intervention Routine:

- Control excessive bleeding
 - Apply direct pressure
 - Apply pressure at pressure point nearest extremity
 - Elevate limb
- Call 911
- Observe of signs and symptoms of shock
- Administer O₂ as indicated (this will require an order from the medical provider)
- Apply moist saline gauze over wound until reattachment or closure

If amputated part found:

- Wrap part(s) in dry gauze or minimally moistened with sterile normal saline or lactated ringers solution
- Place part(s) in a plastic bag and seal securely
- Place plastic bag in a container (or other bag) that has been filled with crushed ice or ice packs

Do Not:

- Place part(s) directly on ice**
- Float part(s) in a bag of solution**
- Use any antiseptic or other solution**
- Allow the part(s) to freeze**

In Case of Incomplete Amputation

- Splint the attached part
- Cool the detached portion, if possible

Progress Note: _____

Offender Education:

- Instructed signs and symptoms of infection, follow-up sick call if no improvement, condition worsens or fever. Offender verbalizes understanding of instructions.

LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

RN/Provider Signature/credentials: _____ **Date:** _____ **Time:** _____

Offender Name
(Last, First)

DOC #