

A. Introduction

In the rare event of a patient entrapment in which all resources have failed to successfully extricate the patient, or in which the patient's life is in immediate danger with prolonged extrication, field amputation of the trapped extremity should be considered.

B. Procedure for Requesting

General Care

1. Prior to instituting a request with the Fire Alarm Office, the Incident Commander or their designee will ensure that a TRT unit and EMS Field Supervisor have been dispatched and are en route.
2. The Incident Commander/Unit OIC will then request from FAO the implementation of the Field Amputation Protocol and identify the closest appropriate Adult Trauma Center.
3. FAO will contact the closest appropriate Adult Trauma Center identified by the Incident Commander/Unit OIC and communicate the request to facility staff.
4. The Incident Commander/Unit OIC will contact the closest appropriate Trauma Center via radio at the earliest convenience and provide a brief overview of the situation and which unit will be transporting hospital staff to the scene (ground or air unit).
5. The identified physician will be transported to the scene in the most expeditious manner.
6. The Incident Commander/Unit OIC must confirm that at least one Field Surgical Kit is available at the scene. Sources for a Field Surgical Kit include:
 - a) One kit is located at each Air Rescue station.
 - b) One kit is located at the JMH/Ryder Trauma Center.
 - c) One kit is located at the Kendall Regional Trauma Center.
 - d) One kit is carried on the Heavy Rescue Unit
7. Once on scene, the physician will assess the situation at hand and make the final decision regarding amputation.
8. Upon completion of the amputation procedure and patient extrication, the designated physician will be transported with patient, when applicable, to the appropriate trauma center.