

PATIENT CARE DIRECTIVE

SECTION

SUB-SECTION

Patient Care Delivery

Advanced Protocol Training Program

DOCUMENT TITLE

Fracture Management: Sager Traction Splint Protocol

DEFINITIONS

| | |
|---------------------|---|
| PEAK: | PEAK Emergency Response Training <i>(a division of Peak Project Management, Inc.)</i> |
| PCD: | Patient Care Directive |
| APTP: | Advanced Protocol Training Program |
| Qualified Provider: | An individual who has received specific PEAK APTP training |

RECITALS

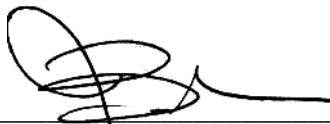
1. PEAK is responsible for the content, revision and review of this document.

PURPOSE

1. This PCD is applicable to Qualified Providers.
2. This PCD is to provide guidance to Qualified Providers for the application of a Sager Traction Splint to patients having sustained lower extremity fracture(s).

PROCEDURE

1. For patients who meet the indications for use criteria for application of a Sager Traction Splint in the Fracture Management: Sager Traction Splint Protocol Pre-Application Checklist, and
2. For patients where Contraindications of Use (Sager Traction Splint) are ruled out, and
3. For patients where ALL Conditions of Use are achieved,
4. The Qualified Provider may apply a Sager Traction Splint to patients suspected of lower extremity fractures in accordance with the protocol/procedures outlined in the APTP Training Manual.



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EFFECTIVE DATE: February 1, 2017