

## PRE-APPLICATION CHECKLIST

### INCIDENT INFORMATION

PATIENT'S NAME	CHECKLIST COMPLETED BY (PROVIDER)	INCIDENT DATE (DD / MM / YY)	TIME (24 hr)
----------------	-----------------------------------	------------------------------	--------------

When the listed Indications are met, Contraindications ruled out and Conditions achieved, a Qualified Provider<sup>1</sup> may apply a Sager Traction Splint to patients suspected of having sustained a lower limb fracture.

### INDICATIONS FOR USE

#### SUSPECTED TIBIAL FRACTURE:

- Marked deformity &/or angulation; **AND / OR**
- Patient complains of severe pain that improves with manual traction; **AND / OR**
- Decreased or absent CMS

#### SUSPECTED FEMORAL FRACTURE:

- Marked deformity &/or angulation; **AND / OR**
- Decreased or absent CMS

### CONTRAINDICATIONS OF USE

1. Inappropriate environment, inclement weather or unsuitable terrain
2. Joint involvement
3. Unstable patients unless the application is considered a critical intervention, i.e. hemorrhage
4. Groin or perineal injury
5. Patient is too small for splint (approx. 4 y/o or < 3 feet)

### CONDITIONS OF USE (ALL CONDITIONS MUST BE ACHIEVED BEFORE APPLYING A SAGER TRACTION SPLINT)

- Completed a Primary Assessment
- Provided and maintained all necessary critical interventions
- Activated the local emergency response system and notified EMS
- Conducted a targeted Past Medical History if possible
- Obtained and recorded baseline vital signs including: LOR, RR, HR, Skin Temperature & Condition
- Obtained patient consent
- Ruled out contraindications
- Sager Traction Splints are to be applied as outlined in PEAK's APTP Training Manual

<sup>1</sup> Qualified Provider - an individual who has received specific PEAK training.