



Femoral Traction Splinting

BLS PROCEDURE BP-08

INDICATION	<ul style="list-style-type: none"> Stabilizing an isolated femur fracture prior to definitive care. Femoral traction splinting may reduce pain and bleeding. There are various commercial femoral traction splints including but not limited to: <ul style="list-style-type: none"> Hare® Sager® Ferno-trac™ Kendrick™
CONTRAINDICATIONS	<ul style="list-style-type: none"> Pelvic fracture Fractures below femur shaft, e.g. ankle, foot, knee, lower leg Partial amputation where marginal tissue connects the distal limb
PROCEDURE	<ul style="list-style-type: none"> Assess motor, sensory, and distal circulation in the injured extremity Paramedics should utilize AP-13 Pain Management when indicated Adjust the splint to proper length per manufacturer recommendations Apply the proximal securing device (e.g., ischial strap) Apply the distal securing device (e.g., ankle hitch) Apply mechanical traction until the length of the injured leg is approximately equal to the uninjured leg Apply support straps Assess motor, sensory, and distal circulation in the injured extremity <ul style="list-style-type: none"> If unable to feel a pulse, inform receiving facility, and document in PCR.
KEY CONCEPTS	<ul style="list-style-type: none"> Traction splinting is a useful tool for femur fracture alignment, increasing arterial blood flow, decreasing pain, and reducing the risk of further injury from fractured bone fragments. Traction splinting should be used along with other pain control techniques to make the patient feel comfortable. A patient with a femur fracture may hemorrhage up to 30% of the normal body's blood volume. EMS personnel should closely monitor patients for hemodynamic instability. Traction splinting devices can be used on both open and closed isolated femur fractures