SAM Splint

PROCEDURE

STEPS

1. Stabilize the injured limb manually, with manual traction on the leg
2. Consider sedation or analgesia
3. Assess distal pulses, sensation, and motor function
4. Measure the splint against the unaffected side
5. Form the splint with a C-curve to provide stability; form carefully to cradle the affected side
6. Splint using the SAM Splint and Kerlix
7. Assess pulse, motor, and sensation after splinting

IF IT GOES WRONG

- Reassess pulse, motor, and sensation after splinting
- Refit the splint's curve if it does not cradle the affected side

BEFORE YOU START

- Purpose: stabilize and immobilize short bone fractures before moving the patient
- Indications: isolated suspected short bone fracture; sprains, strains, snakebites, bleeding control
- Contraindication: life-threatening conditions not yet addressed
- Must be able to effectively splint the joint above and below
- If pulses and sensation are present distal to injury, field reduction should not be attempted
- Some angulated fractures may need splinting in the position found; can be placed on open fractures

KIT YOU NEED

- SAM Splint and Kerlix
- Curves add strength: C-curve (strong), reverse C-curve (stronger), T-curve (strongest)
- Configurations shown: double long leg, knee, ankle figure-8, ankle stirrup
- Configurations shown: humeral shaft, wrist, sugar tong, knee

Take Home Message:

Measure the SAM Splint on the good side, form the curve for strength, splint joint above and below — then recheck PMS.