

FASPLINT®

APPLICATION GUIDELINES

IMPORTANT: These application guidelines are intended solely as a guide to the appropriate procedures to be employed when using the FASPLINT® semi-disposable vacuum splint. You should **ALWAYS** follow the protocols established by your local medical director. These guidelines are for properly trained and authorized emergency medical personnel who operate under the direct medical supervision of a licensed Physician Medical Director.

The FASPLINT is designed to serve as a semi-disposable vacuum immobilization device. It provides support and stabilization without circumferential pressure being applied to the injured area.

PREPARATION

Always make sure that the basic ABC's of airway, breathing and circulation are intact prior to any splinting activities. Have all your equipment ready for use. This includes your evacuation source (manual pump or portable suction unit) as well as your fastening means (tape, Kling®, etc.)

WRAP

Maintain support of the injured area and apply the splint by wrapping the FASPLINT around the injured area so that the joint above and the joint below the injury site will be immobilized. Palpate distal pulses and check for capillary refill prior to application.

OPEN VALVE

The FASPLINT valve is a simple push-pull plunger type valve. When the valve stem is pushed **IN** the valve is **CLOSED**. When the valve stem is pulled **OUT** the valve is **OPEN**. Open the valve by pulling on the right angle tube where it connects to the red valve stem.

EVACUATE AIR

With the valve in the open position, connect your suction source to the FASPLINT. Insert the tapered tip of your FASPLINT pump hose into the right angle valve tube. Make sure you have a good connection and that the valve remains open. Evacuate the air from the FASPLINT until the splint forms a rigid cast around the injured area. (Note that a tapered tip adapter is available that allows you to utilize an EVAC-U-SPLINT manual pump with the FASPLINT. Please call us for details.)

CLOSE VALVE

Once the desired firmness is achieved, close the valve on the FASPLINT. **PUSH** the valve stem **IN** to **CLOSE** the valve. After the valve is closed remove the suction source. Recheck the FASPLINT for firmness.

SECURE IN PLACE

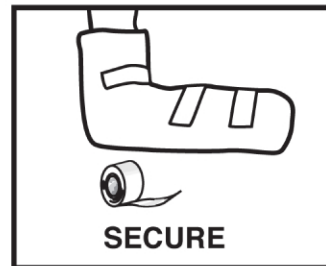
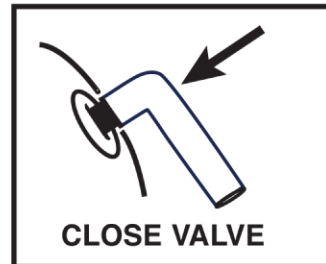
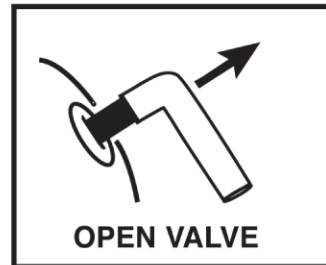
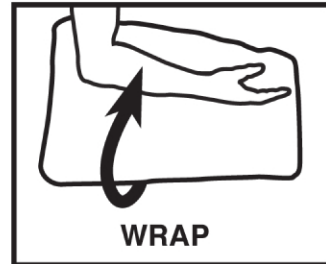
While maintaining support of the FASPLINT, which is now evacuated, recheck distal pulses and circulation. Once distal pulses and circulation have been confirmed, you may secure the FASPLINT with tape or other means. Continue to monitor circulation and sensory functions enroute to the medical facility. Make adjustments if the patient condition changes. **ALWAYS FOLLOW YOUR LOCAL MEDICAL PROTOCOLS.**

REMOVAL

Remove the fastening material (tape, Kling, etc.) prior to allowing air back into the FASPLINT. **DO NOT CUT the FASPLINT.** Make sure all hospital personnel are informed about these removal procedures. Open the valve and allow air to enter the splint. Remove the splint.

TRAINING LOG

Everyone who will be using the FASPLINT should be required to actively participate in the initial training and all subsequent training sessions. Questions? Give us a call at 800-633-5900.



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AGFS 7/10