

CITY OF FIRE

FIRE STATION #1
11416 BRYANT ST.
YUCAIPA, CA. 92399
(909) 797-1000



YUCAIPA DEPARTMENT

FIRE STATION #2
32664 YUCAIPA BLVD.
YUCAIPA, CA. 92399
(909) 797-2313

01 October 2004

Dear Sirs:

I want to detail the excellent results we've had with the Hartwell Medical *FASPLINT*TM vacuum splints we placed on our ALS engines just yesterday.

Yesterday I held an in-service describing the vacuum splint. I described several features of the splint:

- 1) These vacuum splints are the first *true* splints we have. Cardboard splints and inflatable "splints" do not truly function as splints; they forcibly conform the patient's injured extremity into position. In so doing, the devices cause more pain, and can cause further injury due to compression and neurological and circulatory compromise (especially the inflatable splints).
- 2) Vacuum splints are one of the safer treatment adjuncts out there. Many tools, i.e. air splints, traction splints, MAST trousers, can be "over applied" and cross the threshold from treatment to further injury. Vacuum splints are almost impossible to over apply. You cannot damage a patient by forgetting to turn the suction off (while applying the splint). The splint's application is self-limited—this intrinsic safety feature impressed many of the EMTs and EMT-Paramedics of our crews.
- 3) The vacuum splints are not restraints. The vacuum splint actually molds to the part of the patient's body to which it's applied. This means that no matter how grossly angulated or "unique" the shape of the patient or the patient's extremity is, the vacuum splint forms perfectly.
- 4) The splints are reusable by simply washing with a mild disinfectant. If the splints are lost, they are inexpensive to replace.
- 5) The splints are soft and easily fit into the confined spaces of our Paramedic Fire Engine.
- 6) The splints are extremely comfortable to place and wear. While applying the splints to each other (at the station) the most common comments were about how the splints filled all voids, how the splints didn't compress or squeeze at all, and the splints would vacuum "into position" in <5 seconds with a standard portable suction unit.
- 7) Application of the splint is limited only by the imagination. We used splints for the pelvis, we double-splinted for the thighs, we applied the splints to the neck and shoulders, and we used the splints for the frequently difficult-to-splint ankles and wrists.

After the in-service the splints were marked with our station and phone number and placed on the engines.

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Today (the day after placing the splints in service) I received a call from the on-duty paramedic. She had responded to a call for an 80 year old female fall victim with an extremity fracture. At the scene, the Paramedic Engine found the patient with a severely angulated fracture of both the tibia and fibula. The fracture site was just above the ankle. The patient was in severe pain and, to complicate matters, had been placed in a car by bystanders. Access was difficult. The paramedics found that sliding the splint around the fracture site & the foot was extremely easy. Upon applying suction, the splint completely encased the patient's injured extremity so thoroughly that the patient exclaimed at how much the pain was relieved (this was after 8 milligrams of IV morphine had done little for the notoriously difficult-to-reduce pain of a tib-fib fracture). With the splint so securely on the patient's lower leg, the paramedics were able to actually lift on the foot, *using the splint itself* as a handle point, to help get the patient out of the car!

At the local receiving hospital the response to the splint was very positive as none of the emergency department staff had seen such a device before either.

Bottom line, this vacuum splint is an outstanding addition to any BLS or ALS service, and I cannot wait to see this device's use spread further among the agencies in our county.

Anthony L Ricci
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