


REDUCTION OF LATERAL PATELLAR DISLOCATION

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Signature: 		

Purpose: To ensure a consistent standardized practice when reducing a patellar dislocation

	Content (Task / Activity)	Details / Visual Component (if applicable)
1.	Ensure that the patient qualifies for the appropriate medical directive, or contact a Base Hospital Physician (BHP) for further direction.	
2.	Communicates the need for reduction and its effects to the patient and/or family members whenever possible.	
3.	Assess distal neurovascular status and pain before initiating reduction.	
4.	Consider pre-reduction analgesia if available & appropriate.	If providing analgesia prior to reduction, do not delay reducing the patella.
5.	With the patient lying or sitting, place one hand around the dislocated patella & one hand supporting the lower leg at the ankle.	
6.	Over approximately 2-3 seconds, gently lift the patella & apply firm medial pressure while slowly & gently extending the lower leg.	
7.	Stop if encountering significant resistance or the patient's pain is unmanageable and interfering with treatment. Only ONE attempt will be made.	If the treatment cannot continue, splint in place & transport.
8.	Continue to assess distal neurovascular status and pain.	
9.	Splint the leg in position of comfort & continue to treat as an unstable joint injury.	
10.	Document the procedure on the ePCR using the appropriate procedure code (933.64) and in the results section note the neurovascular status	

	& pain findings pre & post reduction and at transfer of care.	
11.	To record each qualifying patient reduction attempt, you are required to enter into the Base Hospital website or the Paramedic Portal of Ontario website and submit a Self-Report.	https://www.clinicalaudit.ca/SelfReport/SelfReportLogin.aspx