

Hemorrhage Control

Routine Trauma / Medical Care

¹If life threatening hemorrhage exists, any provider may bypass pressure/dressing and use tourniquet or hemostatic agent immediately

Apply direct pressure¹ to the bleeding site

- Minimize/limit release of pressure while examining the wound
- If a discrete bleeding vessel can be identified, point pressure is more effective than diffuse pressure

Amputation?

- Gently rinse severed part with sterile saline
- Wrap severed part in moist, saline soaked gauze then place in a sealed plastic bag
- Place bag with severed part on ice in a second bag during transport

Do not freeze severed part

Apply pressure bandage or dressing¹

Hemorrhage controlled?

Yes

Transport

No

Head, Neck, Torso, or Junctional Injury:

Apply topical hemostatic agent with direct pressure (following manufacturer's instructions)
Consider junctional tourniquet or junctional hemostatic device if available

Extremity Injury

Apply tourniquet(s) +/- deep wound packing

- Cut away clothing prior to application
- Apply "high & tight" in the most accessible proximal position on limb
- Mark "TK" and time of application on tape applied to the tourniquet
- Apply a second tourniquet if bleeding not controlled with one – do not overlap!

Transport to a Trauma Center and notify receiving ED staff of tourniquet use
Do not release tourniquet(s) while in route to hospital
Treat pain as per **Traumatic Pain Management** protocol
Identify shock early
• **Cover Patient - Keep WARM**
Consider TXA **Traumatic Shock** protocol

Contact **Medical Control** for additional orders or consultation