

Hemorrhage Control

Indication: Management of hemorrhage at a compressible site.

EXTREMITY WOUNDS:

- **Direct pressure (fingers applied directly to the wound) is the first-line treatment for hemorrhage at any compressible site.**
- If profuse bleeding persists after attempts at direct pressure, a tourniquet should be considered.
- If patient condition is unstable or the scene is unsafe, it is reasonable to consider a tourniquet as first-line treatment.

TORSO & JUNCTIONAL WOUNDS:

- Sweep any pooled blood from the wound before tightly packing the wound from the bottom up.
- Both standard gauze and hemostatic gauze are acceptable packing materials.
- After wound packing, apply continuous direct pressure or a pressure dressing in order to encourage hemostasis.
- Do not remove packing material to recheck a wound for bleeding.

SCALP AND HEAD WOUNDS:

- Utilize direct pressure or a pressure dressing to achieve hemostasis.
- If the patient has a depressed or unstable skull fracture at the wound site, avoid excessive wound pressure.

GENERAL CONSIDERATIONS FOR TOURNIQUET USE:

- The wounded extremity should be completely exposed to identify the source of bleeding before applying a tourniquet.
- Apply the tourniquet above the wound. Do not place the tourniquet over a joint.
- If bleeding is not controlled with one tourniquet, it is acceptable to apply a second tourniquet 2-3" proximal to the first.
- Tourniquets should be tightened until the distal pulse of the extremity is absent.
- Once a tourniquet has been applied, it should not be removed.
- **It is MANDATORY for all providers to document the exact time of tourniquet application and to report this time at patient handoff.** Consider writing the time on the tourniquet itself or on the patient's skin.
- The tourniquet should be reassessed every 5 minutes and after every patient movement to ensure that it has not loosened.
- It is recommended to use a commercially produced windlass-type tourniquet.
- Homemade tourniquets are discouraged due to unproven efficacy and possibility for increased soft tissue damage.

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