

## Tourniquet (≥ PL1)

### **Clinical Indications:**

1. Life threatening extremity hemorrhage that cannot be controlled by other means.
2. Serious or life-threatening extremity hemorrhage where conditions, patient location, tactical, or Hazmat environment, etc. prevent the use of standard hemorrhage control techniques.
3. Life threatening condition(s) that require immediate attention and significant extremity hemorrhage where the use of a tourniquet is more expedient than standard hemorrhage control.

### **Contraindications:**

1. Non-extremity hemorrhage.
2. Proximal extremity location where tourniquet application is not practical.

### **Notes:**

1. Guiding principle is place it high and tight.

### **Procedure:**

1. Place tourniquet proximal to wound - axillary area for upper extremities and inguinal area for lower extremities.
2. Tighten until loss of distal pulses. Failure to adequately tighten the tourniquet to the loss of pulses may cause restriction of venous return and result in a compartment syndrome.
3. Secure tourniquet. Tourniquet should be easily visible on the affected limb.
4. Note time of tourniquet application and communicate this to receiving care providers.
5. Dress wounds per standard wound care guideline.
6. May loosen tourniquet if other bleeding control measures have worked. Do NOT remove the tourniquet. If bleeding returns re-tighten the tourniquet until the bleeding stops. If there is no ongoing bleeding leave the tourniquet in place but assure it is loosened to prevent venous occlusion.
7. Provide pain control per Pain Management Guideline as needed.
8. An additional tourniquet may be placed just distal to the 1st one if, the hemorrhage is unable to be controlled with 1 tourniquet.
9. Frequently reassess, with increased MAP from resuscitation the patient may re-bleed.