

HEMORRHAGE CONTROL/TOURNIQUET/HEMOSTATIC DRESSINGS	
ADULT	PEDIATRIC (≤34 KG)
BLS	
<ul style="list-style-type: none"> • Universal Protocol #601 • Pulse Oximetry <ul style="list-style-type: none"> ○ O₂ administration per Airway Management Protocol #602 • Hemorrhage control <ul style="list-style-type: none"> ○ Direct Pressure ○ Tourniquet application – see notes below ○ Hemostatic dressing – for uncontrolled hemorrhage after all above measures fail 	
ALS Standing Orders	
<ul style="list-style-type: none"> • Hypotension – See General Trauma Protocol #660 <p>Significant blood loss with ongoing bleeding not controlled by direct pressure, hemostatic agents, or tourniquet application</p> <ul style="list-style-type: none"> • Consider TXA if indicated and ≥15 y/o - TXA Administration Procedure #714 <ul style="list-style-type: none"> ○ TXA 1 gm in 100 mL IV infusion over 10 min, no repeat 	<ul style="list-style-type: none"> • Hypotension – See General Trauma Protocol #660
Base Hospital Orders Only	
<ul style="list-style-type: none"> • Tourniquet removal – see notes below • As needed 	
Notes	
<ul style="list-style-type: none"> • Indications for tourniquet application <ul style="list-style-type: none"> ○ Life threatening, persistent hemorrhage that cannot be controlled by other means • Contraindications for tourniquet use <ul style="list-style-type: none"> ○ Non-extremity hemorrhage ○ Proximal extremity (junctional) locations where tourniquet application is not practical • TOURNIQUET APPLICATION - BLS <ul style="list-style-type: none"> ○ Visually inspect injured extremity and avoid placement of tourniquet over joint, angulation or open fracture, stab/penetrating or gunshot wound sites ○ Assess and document circulation, motor and sensation distal to injury site ○ Apply approved tourniquet proximal to wound (usually 2-4 inches) per manufacturer recommendations ○ Tighten tourniquet rapidly to least amount of pressure required to stop bleeding and/or distal pulses are affected ○ Cover wound with appropriate clean/sterile dressing/bandage ○ DO NOT cover tourniquet – keep visible ○ Re-assess and document absence of bleeding distal to tourniquet ○ Remove any improvised tourniquets that may have been applied after approved tourniquet is applied ○ Document time of placement <u>ON</u> the tourniquet device 	

- Inform receiving facility and personnel of tourniquet placement and time of placement
- **TOURNIQUET REMOVAL – ALS with Base Hospital consult only**
 - When the ALS personnel on scene determine:
 - The tourniquet was inappropriately or improperly placed
 - The tourniquet may no longer be necessary
 - PROCEDURE FOR TOURNIQUET REMOVAL
 - Obtain IV access
 - Monitor ECG
 - Maintain firm pressure over wound for minimum of 5 minutes before releasing
 - Slowly release tourniquet and monitor for reoccurrence of bleeding
 - Document time of release
 - Bandage, reassess and document circulation, motor and sensation distal to the wound site
- **HEMOSTATIC DRESSING USE**
 - If bleeding persists for greater than 3 min despite using all other measures for control, apply approved hemostatic dressing directly to the bleeding site according to manufacturer's direction
 - Replace absorbent pad/pressure dressing
 - Apply direct pressure and/or replace tourniquet per manufacture's recommendation
 - Approved tourniquet and hemostatic dressings listed in #706 Attachment-A