

HEMORRHAGE CONTROL/TOURNIQUET/HEMOSTATIC DRESSINGS	
ADULT	PEDIATRIC (≤34 KG)
BLS	
<ul style="list-style-type: none"> • Universal Protocol #601 • 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 	
BLS Optional	
Pulse Oximetry – O ₂ administration per Airway Management Protocol #602	
ALS Standing Orders	
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 ON the tourniquet device ○ Inform receiving facility and personnel of tourniquet placement and time of placement • TOURNIQUET REMOVAL – ALS with Base Hospital consult only <ul style="list-style-type: none"> ○ When the ALS personnel on scene determine: <ul style="list-style-type: none"> ▪ The tourniquet was inappropriately or improperly placed ▪ The tourniquet may no longer be necessary ○ PROCEDURE FOR TOURNIQUET REMOVAL <ul style="list-style-type: none"> ▪ 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** – requires additional training by provider agency
 - 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