4.05 EXTREMITY BLEEDING CONTROL

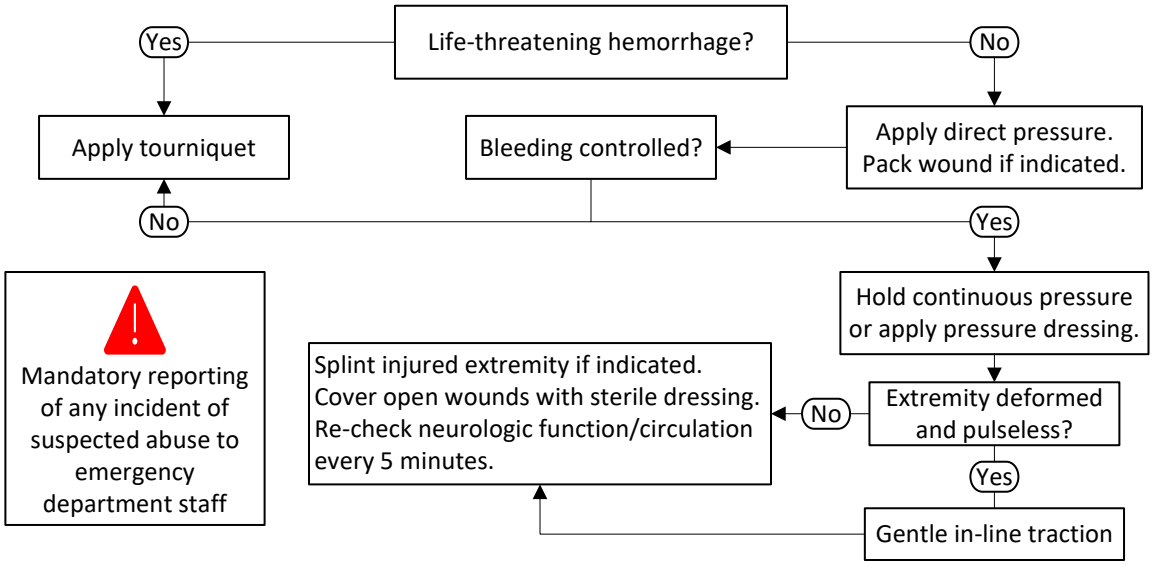
BLS – FAQ Link

Assess **Vital Signs**, ABC's and responsiveness, NPO, **Oxygen**

Apply direct pressure to wound with a dressing.
Hemostatic gauze may be applied and wound may require packing.
Hold continuous pressure or apply a pressure dressing to wound.
Apply tourniquet 2-3 inches proximal to the bleeding site when:

- Direct pressure does not control the bleeding.
- Amputation or near amputation of the limb.
- Severe bleeding from a site which is not accessible (example: entrapment).
- Severe bleeding from an impaled object.
- When holding direct pressure is not practical.

If extremity deformed and pulseless, use gentle in-line traction to retore anatomical position. Splint injured extremities if indicated. Cover open wounds with sterile dressing. Re-check neurological function/circulation every 5 minutes.



ALS

Advanced airway management as indicated, establish IV access
Follow **Policy 3020 Field to Hospital** for report formats to the trauma center.
If BP <90, administer **Normal Saline** fluid bolus.
For pain, if no evidence of significant head injury with AMS, or signs of hypoperfusion, and SBP >90: may administer **Fentanyl**. **OR**
Ketamine IV/IO 0.25mg/kg in 100 mL of NS/D5W slow infusion over 10 minutes -or- IN 0.5 mg/kg
Max dose for all routes is 30mg. Repeat dosing every 20 minutes, up to 2 doses WITH BASE CONTACT

COMMENTS

For nausea/vomiting: may administer **Ondansetron.**

Tourniquet placement:

- Note time of placement and location of tourniquet(s).
- Must communicate time when tourniquet was applied to receiving hospital staff.
- Do not place tourniquet over a joint. Avoid placement of tourniquet on extremity with AV fistula. Limb with the tourniquet should remain exposed.
- Do not remove tourniquet without Base Contact.
- Place amputated extremity in dry sterile dressing. Place in a plastic bag and on top of an ice/cold pack.

Hemodialysis Fistulas:

- Apply direct pressure to bleeding site with a gloved hand
- Apply direct pressure both proximal AND distal to bleeding site
- *Apply tourniquet only in event of uncontrolled bleeding
- Use of tourniquet on limb may permanently damage AV fistula.

Make Base Hospital Contact
If there is any question regarding removal of tourniquet or for repeat doses of pain medications.

4.05 EXTREMITY BLEEDING CONTROL

BLS Treatment

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  ○ Hold continuous pressure or apply a pressure dressing to wound.
• Apply tourniquet 2-3 inches proximal to the bleeding site when:
  ○ Direct pressure does not control bleeding.
  ○ Amputation or near amputation of the limb**.**
  ○ Severe bleeding from a site which is not accessible (example: entrapment).
  ○ Severe bleeding from an impaled object.
  ○ When holding direct pressure is not practical.
• If extremity deformed and pulseless, use gentle in line traction to restore anatomical position.
• Splint injured extremities if indicated. Cover open wounds with sterile dressing. Re-check neurological function/circulation every 5 minutes.

ALS Treatment
• If SBP <90, administer **Normal Saline** fluid bolus. For pain, if no evidence of significant head injury with AMS, or signs of hypoperfusion, and SBP > 90: may administer **Fentanyl**. **OR** • **Ketamine** IV/IO 0.25 mg/kg in 100ml of NS/D5W slow infusion over 10 minutes or IN 0.5 mg/kg Max dose for all routes is 30 mg Repeat dosing every 20 minutes, up to 2 doses WITH BASE CONTACT • For nausea/vomiting: may administer **Ondansetron**.

4.05 EXTREMITY BLEEDING CONTROL

Comments

• Tourniquet placement
  ○ Note time of placement and location of tourniquet(s)
  ▪ Must communicate time when tourniquet was applied to receiving hospital staff.
  ○ Do not place tourniquet over a joint
  ○ Avoid placement of tourniquet on extremity with AV fistula
  ○ Limb with the tourniquet should remain exposed.
  ○ Do not remove tourniquet without Base Contact.
• Place amputated extremity in dry sterile dressing. Place in a plastic bag and on top of an ice/cold pack**.**
• If bleeding hemodialysis Fistula:
  ○ Apply direct pressure to bleeding site with a gloved hand
  ○ Apply direct pressure both proximal AND distal to bleeding site
  ○ Apply tourniquet only in event of uncontrolled bleeding
  ▪ Use of tourniquet on limb may permanently damage AV fistula

Base Hospital Contact Criteria
• If there is any question regarding removal of tourniquet • For repeat doses of pain medications