

# 4.05 EXTREMITY TRAUMA BLEEDING CONTROL – EMSAC JANUARY 2024

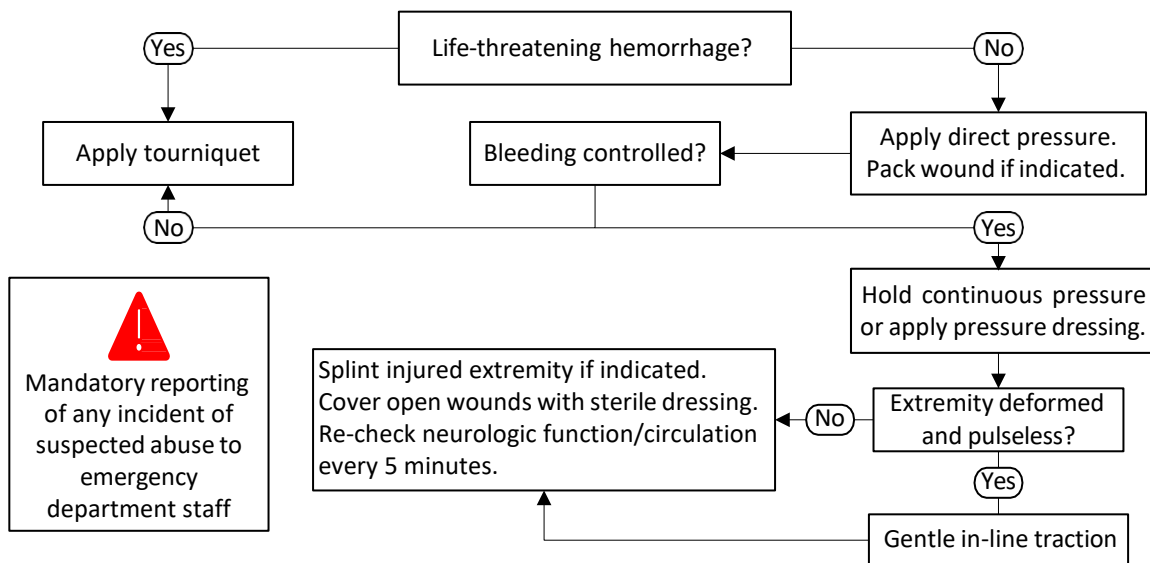
## BLS – FAQ Link

**DRAFT  
VERSION**

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.
  - ~~During a mass casualty~~ 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

Advanced airway management as indicated, establish IV access  
 Follow **Policy 3020 Field to Hospital** for report formats to the trauma center team at ZSFG.  
 If BP <90, administer **Normal Saline** fluid bolus **IV/IO at TKO**.  
 For pain, if no evidence of significant head injury with AMS, or signs of hypoperfusion, and SBP >90: may administer **Morphine Sulfate Fentanyl**  
 For nausea/vomiting: may administer **Ondansetron**.

## 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 ~~physician approval~~ Base Contact.
- Place amputated extremity in dry sterile dressing. Place in a plastic bag and on top of an ice/cold pack.

### Hemodialysis access sites/AV Fistulas algorithm:-

- 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 life-threatening
- Use of tourniquet on limb may permanently damage AV fistula.



### Make Base Hospital Contact

If there is any question with the hemodynamic status or the patient requiring the administration or pain or nausea medications.  
 If there is any question regarding removal of tourniquet

Effective: xx/xx/xx  
 Supersedes: 03/01/15

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BLS Treatment
<ul style="list-style-type: none"><li>• Apply direct pressure to wound with a dressing.<ul style="list-style-type: none"><li>○ Hemostatic gauze may be applied and wound may require packing.</li><li>○ Hold continuous pressure or apply a pressure dressing to wound.</li></ul></li><li>• Apply tourniquet <u>2-3 inches</u> proximal to the <u>injury bleeding site</u> when:<ul style="list-style-type: none"><li>○ Direct pressure does not control bleeding.</li><li>○ Amputation or near amputation of the limb.</li><li>○ Severe bleeding from a site which is not accessible (example: entrapment).</li><li>○ Severe bleeding from an impaled object.</li><li>○ <u>During a mass casualty. When holding direct pressure is not practical.</u></li></ul></li><li>• <del>Limb with the tourniquet should remain exposed.</del></li><li>• If <u>extremity</u> deformed <u>extremity is</u> and pulseless, use gentle in line traction to restore anatomical position.</li><li>• Splint injured extremities <u>if indicated</u>. <del>Elevate the limb and apply cold packs.</del> Cover open wounds with sterile dressing. Re-check neurological function/circulation every 5 minutes.</li><li>• <del>Oxygen as indicated.</del></li><li>• <del>Provide Spinal Motion Restriction as indicated or position of comfort as indicated.</del></li><li>• <del>Appropriately splint suspected fractures/instability as indicated.</del></li><li>• <del>Bandage wounds/control bleeding as indicated.</del></li></ul>
ALS Treatment
<ul style="list-style-type: none"><li>• <del>Hemostatic dressings, as indicated.</del></li><li>• <del>IV/ IO Normal Saline at TKO.</del></li><li>• If SBP &lt;90, administer <u>Normal Saline</u> fluid bolus <u>IV/IO at TKO</u>.</li><li>• For pain, if no evidence of <u>significant</u> head injury <u>with AMS</u>, or signs of hypoperfusion, and SBP &gt; 90: may administer <u>Morphine Sulfate Fentanyl</u>.</li><li>• For nausea/vomiting: may administer <u>Ondansetron</u>.</li></ul>

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Comments
<ul style="list-style-type: none"><li>• Tourniquet placement<ul style="list-style-type: none"><li>○ Note time of placement and location of tourniquet(s)<ul style="list-style-type: none"><li>▪ Must communicate time when tourniquet was applied to receiving hospital staff.</li></ul></li><li>○ Do not place tourniquet over a joint</li><li>○ Avoid placement of tourniquet on extremity with AV fistula*</li><li>○ Limb with the tourniquet should remain exposed.</li><li>○ Do not remove tourniquet without <del>physician approval</del> Base Contact.</li></ul></li><li>• Place amputated extremity in dry sterile dressing. Place in a plastic bag and on top of an ice/cold pack.</li><li>• If bleeding hemodialysis access site / AV-Fistula:<ul style="list-style-type: none"><li>○ Apply direct pressure to bleeding site with a gloved hand.</li><li>○ Apply direct pressure both proximal AND distal to bleeding site</li><li>○ *Apply tourniquet only in event of uncontrolled life-threatening bleeding<ul style="list-style-type: none"><li>▪ Use of tourniquet on limb may permanently damage AV fistula</li></ul></li></ul></li></ul>
Base Hospital Contact Criteria
<ul style="list-style-type: none"><li>• If there is any question with the hemodynamic status of the patient following administration of pain or nausea medications.</li><li>• <u>If there is any question regarding removal of tourniquet</u></li></ul>