7L BLEEDING CONTROL

PATIENT CARE GOALS

- Minimize or stop potentially life threatening bleeding

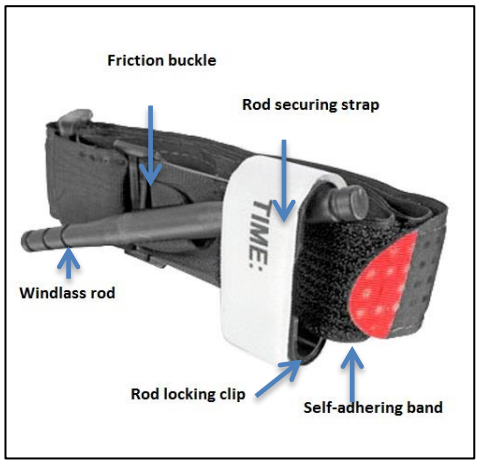
EMT

General Bleeding Control Procedure

1. Apply direct pressure to the wound and if possible elevate the injured area..
2. If bleeding is not controlled, cover the wound with a pressure bandage consisting of gauze wrapped tightly with Kerlex. This is often adequate for venous bleeding.
3. If bleeding is not controlled, consider using a Combat Application Tourniquet (C.A.T.).[1] See procedure below.

C.A.T. Application

1. Place the C.A.T. on the injured limb proximal to the injury site, usually about 2-4 inches above the wound. Never apply the C.A.T. over a joint.
2. Pass the self-adhering band through the inside then the outside slits of the friction buckle, if not already done.
3. Pull the band very tight and securely fasten it back on itself.
4. Twist the windlass rod until bleeding stops and/or distal pulse has been eliminated.
5. Lock the windlass rod in place with the rod locking clip.
6. Place the rod securing strap over the opening of the rod locking clip.
7. Mark the time of application on the tourniquet.
8. Continue to monitor for any blood flow distal to the tourniquet. If bleeding is not controlled, consider additional tightening or applying a second tourniquet proximal side by side to the first and reassess.



DOCUMENTATION KEY POINTS

- Location, type (arterial/venous), and severity of bleeding.
- Rationale for using bleeding control.
- Response to and complications (if any) from bleeding control.

NOTES

[1] If a C.A.T. is not availible a blood pressure cuff may be inflated to a pressure sufficient to stop the bleeding. If a blood pressure cuff is used to assist with bleeding control, it should be monitored closely for pressure loss.