



# Major Hemorrhage Control

FIELD TREATMENT GUIDELINE T-03

INDICATION	<ul style="list-style-type: none"><li>• When direct pressure and elevation cannot control bleeding, use of a tourniquet device and/or a hemostatic agent can minimize blood loss and safely and effectively assist in the care of patients with uncontrollable bleeding in extremities.</li></ul>
BLS	<ul style="list-style-type: none"><li>• Follow <a href="#">General Trauma Care T-01</a><ul style="list-style-type: none"><li>• Indications for tourniquet placement include: Injuries in which pressure/dressings do not control bleeding.</li><li>• Injuries with an impaled foreign body and ongoing extremity bleeding.</li><li>• A multi-casualty incident (MCI) where immediate bleeding control is needed so you can move onto the next patient.</li><li>• Significant extremity hemorrhage accompanied by:<ul style="list-style-type: none"><li>▪ Need for airway management.</li><li>▪ Circulatory shock.</li><li>▪ Need for other emergent interventions or assessment.</li><li>▪ Significant bleeding from multiple locations.</li></ul></li></ul></li><li>• Consider applying a tourniquet (without tightening) for any stable patient whose bleeding appears to be easily and quickly controlled by direct pressure.<ul style="list-style-type: none"><li>• This can be especially important when a wound has the potential for uncontrolled hemorrhage, e.g., GSW, stabbing, crushing or mangle of extremities.</li><li>• When in doubt, apply the tourniquet so that it may be easily deployed if the patient's condition deteriorates.</li></ul></li><li>• The SWAT-T Tourniquet is approved for Tactical EMS Operations and declared MCIs.</li><li>• Indications for use of a hemostatic agent:<ul style="list-style-type: none"><li>• Bleeding is not completely controlled with the use of a tourniquet or where tourniquets are not indicated (e.g. head, neck, trunk, etc).<ul style="list-style-type: none"><li>▪ Identify the source of the hemorrhage.</li><li>▪ Pack the QuikClot® Gauze in the wound over the point of hemorrhage.</li><li>▪ If possible, pack the entire dressing.</li><li>▪ Apply direct pressure for 2-3 minutes.</li><li>▪ Replace pressure dressing / tourniquet. If no tourniquet is available, maintain manual pressure with hand over gauze or wrap with available bandage.</li></ul></li></ul></li></ul>

ALS	<p>Consider <a href="#">Tranexamic Acid</a> if:</p> <ul style="list-style-type: none"> <li>• Indication: <ul style="list-style-type: none"> <li>• Adults, age ≥15 years old and;</li> <li>• Any sustained blunt or penetrating trauma occurring within 3 hours with signs and symptoms of hemorrhagic shock and one or more of the following: <ul style="list-style-type: none"> <li>▪ Systolic blood pressure of less than 90 mmHg at scene of injury, during ground medical transport, or on arrival to designated trauma centers.</li> <li>▪ Bleeding uncontrolled by direct pressure or tourniquet.</li> <li>▪ Significant blood loss and a heart rate greater than 120 BPM.</li> </ul> </li> </ul> </li> <li>• Administration <ul style="list-style-type: none"> <li>• Administer TXA 1 gram in 100 mL NS IV/IO over 10 min <b>(NO IV PUSH)</b>.</li> <li>• Follow IV fluid resuscitation; refer to <a href="#">Fluid Challenge AP-09</a>.</li> </ul> </li> </ul>
KEY CONCEPTS	<ul style="list-style-type: none"> <li>• Early notification to Receiving Facility is required when using tourniquets, hemostatic agents, or <a href="#">Tranexamic Acid</a>.</li> <li>• Scene time for major trauma patients should be limited to &lt; 10 minutes whenever possible.</li> <li>• In cases of amputated extremities, place the amputated part in dry, sterile dressing and place in sealed plastic container/bag; place on top of ice or cold packs.</li> </ul>