



Uncontrolled Hemorrhage/Amputation

Policy Number: 7805

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Authority: California Health and Safety Code, Division 2.5 EMS, Sections 1797.220 & 1797.221

I. Definition

- A. Tourniquet Device: A tourniquet device is appropriate when upper and lower extremity hemorrhage cannot be controlled by direct pressure.
 - 1. Evidence for use of a tourniquet may include pulsing blood loss, large volume blood loss, inability to control significant extremity hemorrhage if direct pressure is ineffective or impractical.
- B. Wound packing: Wound packing is a technique to place direct pressure in junctional areas (neck, axilla, and groin) on a bleeding vessel.

II. Basic Life Support

- A. Provide General Medical Care.
- B. Apply direct pressure with gauze if indicated:
 - 1. If gauze becomes saturated with blood, add additional gauze with more pressure.
- C. Tourniquet device application:
 - 1. Expose injury.
 - 2. Avoid placement in the following areas:
 - a. Joints.
 - b. Angulated or open fracture.
 - c. Stab wound.
 - d. Gunshot wound.
 - 3. Assess and document circulation, motor, and sensation distal to injury site.
 - 4. Apply tourniquet proximal to injury site (usually 2-4 inches).
 - 5. Tighten tourniquet incrementally to least amount of pressure required to stop bleeding.
 - a. May consider applying a second tourniquet above the original if bleeding persists.
 - 7. Cover wound with appropriate sterile dressing and/or bandage.
 - a. Do not cover the tourniquet. Must be visible.
 - 8. Reassess extremity distal to tourniquet and document.
 - 9. Tourniquet placement date and time must be documented on the tourniquet device.
 - 10. Ensure receiving facility staff is aware of the tourniquet placement and time application took place.
- D. Wound Packing:
 - 1. Packing can be done with regular or approved hemostatic gauze.
 - a. For use of hemostatic gauze refer to *procedure guideline 7910 Hemostatic Agents*.
 - 2. Pack the wound tightly and apply firm pressure for at least 3 minutes.
 - 3. Secure a snug pressure dressing.
- E. Care of isolated extremity amputation:
 - 1. Wrap the amputated part in a sterile saline moistened gauze and placed in plastic bag.

III. Advanced Life Support

- A. Amputations:
 - 1. Consider pain management per *treatment guideline 7305 Severe Pain*.
 - 2. Consider sedation per *treatment guideline 7002 Sedation*.
 - 3. Once all bleeding is controlled and patient is a possible re-implantation candidate:
 - a. Administer Aspirin 162 mg PO.

IV. Special Considerations

- A. When using wound packing in the neck region, avoid airway occlusion.



V. Base Orders	
A. Removal of an appropriately indicated and placed tourniquet requires base hospital consult and physician approval.	
B. Transport of patients with an appropriately indicated and placed tourniquet to a non-trauma receiving center requires base hospital consultation.	
VI. Contraindications	
A. Wound packing is contraindicated in the chest and abdominal injuries. Use direct pressure only.	
VII. Cross Reference	
A. General Medical Care	Policy No. 7001
B. Severe Pain	Policy No. 7305
C. Sedation	Policy No. 7002
C. Hemostatic Agents	Policy No. 7910
D. Trauma Triage	Policy No. 7803