Bleeding Control

Indications:
Patients with significant traumatic or non-traumatic (i.e., hemodialysis access) external hemorrhage

1. Follow **General Pre-hospital Care-Treatment Protocol** and **Soft Tissue & Orthopedic Injuries-Treatment Protocol.**
2. Apply direct pressure to the wound with clean gauze using universal precautions.
3. If the bleeding is not controlled with direct pressure, treat according to the location of the wound.
   a. Extremity bleeding - apply tourniquet:(Refer to **Tourniquet Application-Procedure Protocol**)
      i. If tourniquet unsuccessful apply second/adjacent tourniquet per **Tourniquet Application-Procedure Protocol**.
      ii. NOTE- tourniquet may be painful, see **Pain Management-Procedure Protocol.**
   b. Junctional hemorrhage (neck, axilla/shoulder or groin bleeding):
      i. Pack wound with MCA approved hemostatic dressing (if available and following manufacturer's instructions) or clean gauze.
      ii. Use as much of the dressing/gauze as needed to stop the blood flow.
      iii. Quickly apply pressure until the bleeding stops. (Approximately 3-5 minutes)
      iv. Leave the dressing in place and wrap area with bandaging to secure the dressing.
      v. Caution must be exercised when packing neck wounds to avoid airway compromise. Avoid an encircling bandage of the neck.
      vi. Packing penetrating head, chest, and abdominal wounds is contraindicated.
4. Do not remove the bandage or hemostatic dressing/gauze
5. Elevate the injury, if possible.
6. Reassess for bleeding through or around the dressing.
7. For patients who have signs or symptoms of shock, secondary to hemorrhage, refer to **Hemorrhagic Shock-Treatment Protocol**.
8. Transport according to **Adult and Pediatric Trauma Triage-Treatment Protocol** and MCA Transport Protocol

Notes:
If hemostatic dressing is used, contact medical control to advise of application, document time of use, and send packaging from dressing to hospital with patient for removal instructions.