

Bleeding / Hemorrhage Control / Impaled Object (Adult and Pediatric)

CFR AND ALL PROVIDER LEVELS

1. ABCs and vital signs.
2. Airway management, and appropriate oxygen therapy.
3. Immediate intervention for severe bleeding:
 - a. Apply pressure directly on the wound with a dressing:
 - i. Hemostatic dressing* may be applied with initial direct pressure.
 1. Rolled gauze may be used if hemostatic dressing is not available.
 2. Pack wound and hold pressure.
 3. If bleeding soaks through the dressing, apply additional dressings.
 - ii. If bleeding is controlled, apply a pressure dressing to the wound.
 - iii. If severe bleeding persists through conventional dressings and hemostatic dressing becomes available, remove all conventional dressings, expose site of bleeding, and apply hemostatic dressing*.
 - iv. Cover the dressed site with a pressure bandage.
4. Immediate intervention for uncontrollable bleeding from an extremity:
 - a. Place tourniquet 2-3 inches proximal to the wound.
 - b. If bleeding continues, you may place a second tourniquet proximal to the first, or above the knee or elbow, if wound is distal to these joints
5. Note the time of tourniquet application and location of tourniquet(s)
6. Assess for shock and treat, if appropriate.
7. **Special considerations:**
 - a. **Impaled object:**
 - i. **DO NOT** remove the object.
 1. If the object is impaled in the cheek and is compromising the airway, remove it and bandage both sides of the wound.
 - ii. Support and secure the object with bulky dressings.

● CFR STOP

EMT

8. Transport to the nearest appropriate hospital according to the patient's condition.

● EMT STOP

Paramedic

● Paramedic STOP

Key Points / Considerations

1. Infection control precautions must be followed when making contact with all patients, especially the patient's blood or body secretions.
2. Hemostatic dressings* should be used according to manufacturer's instructions and training and may require removal of coagulated blood to directly access the source of bleeding.
 - a. *If equipped and trained.
3. **Do not remove a tourniquet that was placed for life-threatening bleeding.**

- a. If a tourniquet had been placed for apparently non-life-threatening bleeding, the tourniquet may be released while maintaining the ability to immediately reapply and otherwise control the hemorrhage should significant bleeding occur.
- 4. These steps are not intended to be used in sequence; interventions should be taken using the best judgement of the EMS professional.
- 5. Hemodialysis access sites may result in life threatening hemorrhage. Direct digital pressure should be used first followed by tourniquet ONLY in the setting of life-threatening hemorrhage when other means of hemorrhage control have been unsuccessful.
- 6. When extremity bleeding sites cannot be rapidly determined, tourniquets may be placed high and tight in accordance with training.
- 7. Conventional and pressure splints may also be used to control bleeding.