

Douglas County EMS Protocols

Hemorrhage Control

PR-023

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Effective: 01/01/2022

Supersedes:
N/A

This Protocol is intended for life threatening hemorrhage only. Other bleeding should be treated in accordance with least invasive method and general trauma protocol.

Reference Procedures: [Tourniquet](#), [Wound Packing](#)

Goals of Patient Care

- Rapid control of Hemorrhage to prevent shock
- Rapid transport to appropriate hospital

Medications

MEDICATION	ADULT	PEDIATRIC (Refer to Handtevy)
TXA	• 1 g in 100ml NS IV over 10 mins (100 gtts/min with 10 gtts set)	• Not Recommended in pediatrics
NORMAL SALINE	• 500mL, IV/IO for dehydration, hemodynamic instability	• 20mL/kg, IV/IO for dehydration, hemodynamic instability

Procedures/Interventions

- Life threatening hemorrhage must be stopped as soon as it is identified
- Immediately apply direct pressure with or without bandage
- Apply control device per appropriate procedure
 - Limbs get tourniquets High and tight
 - Junctional areas get wound packing
 - Torso, head, neck get sustained direct pressure
- Initiate rapid transport to nearest level II or I trauma center
- Once hemorrhage is controlled DO NOT remove any bandaging or control devices
- Treat ABC's as appropriate
- Initiate TXA infusion to prep patient for blood transfusion
- DO NOT pack any body cavities (anus, vagina), apply direct sustained pressure with bandages

Considerations

Considerations for crews on scene prior to ambulance arrival

- Assess the injury and identify any potential life-threatening bleeding.
- If injury is to an extremity and is an arterial bleed, apply TQ 2-3 inches above the injury on the affected limb.
 - Note: It may take up to two TQ's to control bleeding on a larger extremity
- If wound is not life threatening and actively bleeding, apply direct pressure over wound until pressure bandage can be applied.
- **DO NOT PACK WOUNDS OF THE ABDOMEN AND CHEST.**
- Gather Pt history (Time injury occurred)
- Obtain vital signs
- Utilize hypothermia management if possible.
- Give full report to arriving paramedic of all information gathered, treatments rendered, and whether the patient would like to be transported or not.