

SUFFOLK REMAC ADVISORY
EXTERNAL BLEEDING CONTROL

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Changes in technology and contemporary data from the military experience have shed new light on severe bleeding control from an extremity injury. Based on standard of care established by the NY State Emergency Medical Advisory Committee (SEMAC) and the NY State Trauma Advisory Committee (STAC), and supported by the National Association of EMTs (NAEMT) Prehospital Trauma Life Support (PHTLS) curricula, the Suffolk Regional Emergency Medical Advisory Committee (REMAC) and the Suffolk Regional Trauma Advisory Committee (RTAC) are taking this opportunity to review current NY State EMS Basic Life Support (BLS) approach to the External Bleeding Protocol. Bleeding from soft tissue injury to the extremities may be associated with accompanying arterial injury. Methods to control bleeding, consistent with updated NY State BLS protocol for External Bleeding, includes:

Immediately apply direct pressure over the wound with a sterile dressing. NOTE: If available and bleeding is severe, a hemostatic gauze** dressing should be applied directly to the bleeding site simultaneously with direct pressure. If bleeding soaks through the dressing, apply additional dressings while continuing direct pressure. Do not remove dressings from the injured site! Cover the dressed site with a pressure bandage. For severe and persistent bleeding, maintain direct pressure with enough pressure to stop the bleeding, first by hand, then maintained by pressure dressing.

** If routine standard dressings were initially applied, and bleeding continues through several blood-soaked dressings, these dressings must be removed to apply a kaolin-based hemostatic dressing directly over the wound. Only kaolin-based hemostatic dressings are approved and may be used in place of simple gauze dressings, following manufacturer's recommendations for application. Kaolin-based hemostatic dressing should preferentially be used on wounds with severe bleeding, following manufacturer's recommendations. Standard dressings should be applied to simple wounds where bleeding is easily controlled.

For severe and persistent bleeding, maintain direct pressure with enough pressure to stop the bleeding, first by hand, then maintained by pressure dressing.

In cases where hemorrhage to the extremity cannot be controlled by direct pressure, pressure dressing and if applicable, hemostatic dressing, the use of tourniquets are acceptable, particularly when the wound exhibits spurting blood. The most readily available tourniquet is a blood pressure cuff. If a BP cuff is used, the cuff should be inflated to just enough pressure to stop external blood flow.

Tourniquets should be used if severe bleeding from a limb persists to control severe bleeding after all other methods have failed. The application of a tourniquet is limited to use on extremities. A second tourniquet may be applied proximal to the first if severe bleeding persists. Commercially available tourniquets, or those prepared with cravats, should be 2.5-3 inches thick. Never use wire, cord, or any material that may cut the skin. Follow manufacturers recommendations and NY State BLS External Bleeding Protocol (7/11 version).

Do not loosen or remove any tourniquet once it has been applied. The loosening of a tourniquet may dislodge clots and result in enough blood loss to cause shock and death.

Always assess for signs of hypoperfusion, keep the patient warm, and provide appropriate oxygen therapy. Ensure rapid transport to the closest appropriate hospital.

Obtain and record serial vital signs.

Record all information on the PCR.