

## I. General Considerations

- A. Tourniquets are rarely needed.
  - B. Hemorrhage is a prime concern in the ABCs and one should take steps to control bleeding early on.
  - C. Wherever possible, attempt to minimize contamination of the wound by using sterile dressings.
  - D. Body substance isolation should be observed whenever contact with blood and blood products can be reasonably anticipated.
  - E. Impaled objects should generally be left in place unless the airway cannot be controlled with them in place.
  - F. Evaluate carefully any tourniquet applied prior to arrival of EMS.
  - G. In general, prehospital personnel should not probe wounds or use hemostatic clamps.
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## II. History

Perform a focused history and physical exam with particular attention to:

- A. Determine the mechanism of injury (what forces were involved).
  - B. Attempt to estimate the amount of blood loss.
  - C. Is the patient experiencing chest pain, trouble breathing, or becoming faint or lightheaded?
  - D. Obtain the past medical history:
    - 1. Has the patient had high blood pressure, diabetes, had a stroke, suffered angina, had a heart attack?
    - 2. Does the patient have respiratory disease such as chronic bronchitis, pneumonia, COPD, emphysema, asthma?
    - 3. Has the patient had any surgeries in the past?
  - E. What medications has the patient been, or is the patient supposed to be, taking (including over the counter medications)?
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## III. Physical Exam

- A. Perform an initial assessment.
  - B. Perform a focused history and physical exam.
  - C. Obtain a complete set of vital signs.
  - D. Assess for signs of shock.
  - E. Note wounds.
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## IV. Treatment

{If hypotension present, follow **hypotension protocol**}

{If major trauma present, follow **major multiple system trauma protocol**}

### **Basic**

- A. Establish an airway, maintain as indicated, suction as needed.
- B. Administer high concentration oxygen.
- C. Apply direct pressure to the wound using your gloved hand over sterile dressings if possible.
  - 1. If possible, elevate the wound site to a level above the heart if the wound is on an extremity.
  - 2. Apply a pressure bandage if possible.
  - 3. Should bleeding continue, apply additional dressings. Do not remove the dressing first applied to the wound.
  - 4. Should bleeding continue, apply pressure to the nearest pressure point.

## HEMORRHAGE AND BLEEDING WOUNDS

HEMORRHAGE/BLEEDING 2 OF 2

- 5. If bleeding is coming from inside the ear, do not attempt to stop it.
- D. Assess distal circulation and sensation.
- E. If bleeding continues despite the above methods, apply a tourniquet if the wound is on an extremity.
- F. ***For EMTs-*** *If signs of shock are present, seek medical direction regarding use of PASG.*
- G. Give the patient nothing by mouth.

### **Intermediate and Paramedic**

- H. Secure IV access.