



**FAST RESPONSE SCHOOL OF HEALTHCARE EDUCATION**  
**EMERGENCY MEDICAL TECHNICIAN**  
**EMT TRAUMA: LEARNING SHEET**



**BLEEDING CONTROL / SHOCK MANAGEMENT**

<b>OBJECTIVE:</b>	Student will demonstrate the ability to correctly control bleeding and the proper evaluation and basic treatment of the patient in shock.
<b>EQUIPMENT:</b>	<ol style="list-style-type: none"><li>1. Patient.</li><li>2. Gauze Bandages.</li><li>3. Oxygen cylinder and regulator.</li><li>4. Oxygen delivery device (NRB).</li><li>5. Blanket</li><li>6. Triangular Bandages</li><li>7. Commercially made tourniquet (if available)</li></ol>

**Bleeding Control Technique:**

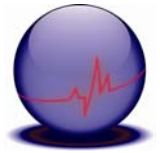
1. Takes body substance isolation precautions.
2. Applies gauze bandage to wound.
3. Applies direct pressure over bandaged wound with finger pressure.
<b><i>If bleeding is uncontrolled by direct pressure:</i></b>
4. Directs assistant or maintains direct pressure to wound.
5. Chooses tourniquet material <ul style="list-style-type: none"><li>• Tourniquet should be between two (2) and four (4) inches in width. Never use wire, a belt, shoestring, twine or any other material that may cut the skin or underlying soft tissue.</li></ul>
6. Wrap the tourniquet around the extremity at a point just proximal (1-2 inches above wound) to the bleeding but as distal on the extremity and as close to the injury as possible. Do not cover the wound with the tourniquet.
7. Tighten the tourniquet until the hemorrhage ceases. <ul style="list-style-type: none"><li>• If using a triangular bandage, make a knot and use a ball point pen as a tightening rod.</li></ul>
8. Secure the tightening rod or device.
9. Write the time of tourniquet application on tape and secure it to the tourniquet (example: TK 13:00). Never cover the tourniquet or site of bleeding.
10. Continuously reassess the wound for recurrent bleeding.
11. Notify the receiving medical facility or advanced provider that tourniquet has been applied.
12. Document the use of the tourniquet and the time it was applied in the PCR.

**Shock Management:**

1. Takes body substance isolation precautions.
2. Places patient in supine position.
3. Initiates oxygen flow at 15 LPM via non-rebreather mask.
4. Take steps to maintain body temperature. <ul style="list-style-type: none"><li>• Blanket over patient</li><li>• Heat packs</li><li>• Ambulance heater turned on</li></ul>



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5.	Communicates with and reassures patient
6.	Identifies need for rapid transport.
7.	If time allows: Assesses vital signs (Blood Pressure, Heart Rate, Respiratory Rate)

**CRITICAL CRITERIA**

<ul style="list-style-type: none"><li>• Did not take or verbalize BSI</li><li>• Did not apply high concentration oxygen to shock patient.</li><li>• Did not indicate need for immediate transportation.</li><li>• Did not control hemorrhage using correct procedures in a timely manner.</li><li>• Applies tourniquet before attempting other methods of bleeding control.</li><li>• Did not appropriately treat patient for shock.</li><li>• Did not take steps to maintain body temperature.</li><li>• Failure to manage patient as a competent EMT</li><li>• Exhibits unacceptable affect with patient or other personnel</li><li>• Uses or orders a dangerous or inappropriate intervention</li><li>• Failure to manage the patient as a competent EMT</li></ul>
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