   ii. **Materials**: hemostatic gauze, regular gauze, or any available material
   iii. **Procedure**: pack tightly and fully to the depth of the wound until bleeding stops (may require significant packing for deep, large wounds), then apply direct pressure and/or pressure dressing; do not remove packing to assess bleeding
      1. Pack around (do not remove) bone fragments or foreign objects
   d. Junctional tourniquets may be considered for groin or axillary wounds, if available
   e. Consider tranexamic acid (TXA) for injury associated with hemorrhagic shock if within three hours of injury
2. Manage pain [See Pain Management Guideline]
   a. Pain management should be strongly considered for patients with tourniquets and suspected fractures
   b. Do not loosen tourniquet to relieve pain
3. Stabilize suspected fractures/dislocations:
   a. Strongly consider pain management before attempting to move a suspected fracture
   b. If distal vascular function is compromised, gently attempt to restore normal anatomic position, and reassess perfusion status
   c. Use splints as appropriate to limit movement of suspected fracture
   d. Elevate extremity fractures above heart level whenever possible to limit swelling
   e. Apply ice/cool packs to limit swelling in suspected fractures or soft tissue injury, but do not apply ice directly to bare skin
   f. Reassess distal neurovascular status after any manipulation or splinting of fractures/dislocations
   g. Dress open wounds associated with fractures with saline-moistened gauze
4. Remove wet or blood-soaked clothing and use measures to prevent heat loss
5. Remove jewelry and potentially constricting clothing from the injured limb
6. Do not remove impaled foreign bodies

Patient Safety Considerations

1. If improvised tourniquet has been placed by bystander, reassess, and consider placing commercial tourniquet proximal to it
2. If tourniquet is placed:
   a. Ensure that the tourniquet is sufficiently tight to occlude the distal pulse
   b. Ensure that the tourniquet is well marked and visible, and that all subsequent clinicians are aware of the presence of the tourniquet
   c. Do not cover the tourniquet with clothing or dressings
3. Mark the time of tourniquet placement prominently on the patient and in the patient care report
4. Without removing the tourniquet or dressing, reassess frequently for signs of ongoing or renewed bleeding, such as:
   a. Blood soaking through dressing
   b. Bleeding distal to tourniquet

Notes/Educational Pearls

Key Considerations

1. Tourniquets should be applied to bare skin, 2–3 inches proximal to the wound
2. Tourniquet should be reassessed at every stage of patient movement to ensure ongoing hemorrhage control.