



PROCEDURES PROC-22

TOURNIQUET USE

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Indication:

- Life threatening extremity hemorrhage
- Devastating extremity injury with signs of shock.
- Bleeding from indwelling catheter / fistulae / shunt in extremity that cannot be controlled through other means.

Acceptable Use:

- If time and manpower available, apply direct pressure.
- If direct pressure fails or if time and /or manpower are not available, apply a tourniquet
- If injury is not controlled with the first tourniquet, place a 2nd tourniquet immediately adjacent to the 1st tourniquet.
- Tourniquet may be used first in instances of severe shock and/or exsanguinating hemorrhage before other means.

Procedure:

1. Apply proximal to injury away from joint
2. Tighten, and then begin twisting the windlass until bleeding has stopped and **NO** distal pulse is palpable.
3. Secure windlass with all available security features
4. Inform hospital staff of tourniquet use and time of application
5. Reassess the site frequently
 - As perfusion improves, bleeding may begin again
 - Tighten the tourniquet or apply a second tourniquet if bleeding begins again
- ALL patients with a tourniquet applied MUST be transported to a level II (or above) trauma center.

Considerations:

- Typical EMS contact time is less than the ischemic time required for permanent damage to limb. The most common error involving tourniquets is failure to apply when indicated.