



# Tourniquet Application

## CLINICAL INDICATIONS:

**LIFE THREATENING** hemorrhage from an extremity which cannot be controlled by normal means, in tactical situations which prevent the use of standard bleeding control techniques or significant extremity bleeding with airway compromise to free up personnel to concentrate on airway issues.

## PROCEDURE:

- Completely expose the injury
- Place the device at least five centimeters proximal of the injury, leaving undamaged tissue between the wound and the device whenever possible. Do not place over a joint or open fracture site and preferably over a single bone structure. The band will be around the affected injury.
- Follow manufacturer's instructions for applying device
- Twist the windlass rod only until the bright red bleeding stops. Lock the windlass rod in place with the clip.
- Record the date and time of tourniquet both in documentation and with "TK (Date/Time)" on the patient's forehead, skin beside the tourniquet or on tape attached to the tourniquet.
- Leave the tourniquet site exposed: tourniquets should never be covered. The distal pulse should be absent if you have properly tightend the tourniquet.
- Consider pain management
- Tourniquets removal only per medical control order
- Report placement of device on PCR and turn over reports.
- Do not use a tourniquet for neck or facial wounds.

## IF ORDERED TO REMOVE THE TOURNIQUET:

- While the tourniquet is still engaged, dress the wound with a pressure dressing.
- Place the patient in supine position and elevate the extremity.
- Release the tourniquet slowly. If the bleeding restarts and is not controlled by the pressure dressing, reengage the tourniquet and expedite transfer to the hospital.
- Even if bleeding does not restart, leave the tourniquet unengaged but in place. Monitor wound closely as the bleeding may restart when the blood pressure normalizes.

Use commercial devices whenever possible. An inappropriate improvised device can cause more damage than assistance.