TOURNIQUET APPLICATION

INDICATIONS

- Life threatening extremity hemorrhage that cannot be controlled by other means.

CONTRAINDICATIONS

- Non-extremity hemorrhage.
- Proximal extremity location where tourniquet application is not practical.

EQUIPMENT

System approved tourniquet

PROCEDURE

1. Visually inspect injured extremity and avoid placement of tourniquet over joint, angulated or open fracture, stab or gunshot wound sites.

2. Consider pain management as application of a tourniquet is likely to be painful.

3. Apply the tourniquet directly to skin, proximal to the wound, 2-3 inches above the wound or as high as you can go above the wound.

4. Secure tourniquet:
   - Pull the free running end of the self-adhering band *tight* and securely fasten the band back on itself (if applying to an arm wound). Do not adhere the band past the windlass rod.
   - If applying to a leg wound, the self adhering band must be routed through the friction adapter buckle and fastened back on itself. This will prevent it from loosening when twisting the windlass rod.

5. Twist the windlass rod until *bright red bleeding has stopped and the distal pulse is eliminated*.

6. Place the windlass rod inside the clip locking it in place. *Check for bleeding and distal pulse*. If bleeding is not controlled consider additional tightening or applying a second tourniquet side by side to the first tourniquet and reassess.

7. Secure the rod inside the clip with the strap.

8. Record time of tourniquet application.

9. Cover wound with appropriate sterile dressing and/or bandage. *Do not cover tourniquet - the device must remain visible*.

10. Reassess and document absence of bleeding distal to tourniquet.

11. Remove any improvised tourniquets that might have been previously applied.

12. Prepare patient for transport and reassess effectiveness of the tourniquet every 10 minutes.

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13. Ensure receiving hospital staff is aware of tourniquet placement and time tourniquet was applied.

MANDATORY DOCUMENTATION

- Location of injury and mechanism involved.
- Methods attempted to control bleeding and the time direct pressure was applied.
- Location of application of tourniquet
- Time of application of tourniquet
- Reassessment of tourniquet and its effectiveness
- Person at receiving hospital to whom use and location of the tourniquet is reported to