

Hemorrhage Control

Protocol

Douglas County KS EMS System

January 2022

This Protocol is intended for life threatening hemorrhage only. Other bleeding should be treated in accordance with least invasive method and general trauma protocol.

Reference Procedures: [Tourniquet](#), [Wound Packing](#)

Goals of Patient Care

- Rapid control of Hemorrhage to prevent shock
- Rapid transport to appropriate hospital

Medications

<u>ADULT Medications:</u>	<u>PEDIATRIC Medications:</u>
<ul style="list-style-type: none">• <u>TXA:</u> 1 g in 100ml NS IV over 10 minutes. (100 gtts/min with 10 gtts set)• <u>Normal Saline:</u> 500mL, IV/IO for dehydration, hemodynamic instability	<ul style="list-style-type: none">• <u>TXA:</u> Not Recommended in pediatrics <u>Normal Saline:</u> 20mL/kg, IV/IO for dehydration, hemodynamic instability

Procedures/Interventions

- Life threatening hemorrhage must be stopped as soon as it is identified
- Immediately apply direct pressure with or without bandage
- Apply control device per appropriate procedure
 - Limbs get tourniquets High and tight
 - Junctional areas get wound packing
 - Torso, head, neck get sustained direct pressure
- Initiate rapid transport to nearest level II or I trauma center
- Once hemorrhage is controlled DO NOT remove any bandaging or control devices
- Treat ABC's as appropriate
- Initiate TXA infusion to prep patient for blood transfusion
- DO NOT pack any body cavities (anus, vagina), apply direct sustained pressure with bandages