

BLEEDING CONTROL / SHOCK MANAGEMENT

NOTE: Whenever possible try to determine if the bleeding is arterial, venous, or capillary and approximate the amount of blood the patient has lost.

- Take appropriate Body Substance Isolation precautions.
- Apply direct pressure
With your gloved hand and a sterile dressing, apply direct pressure over the site that is bleeding. Use an appropriately sized dressing that will cover the site.
- Elevate the extremity
Elevation of the bleeding extremity should be done secondary to and in conjunction with applying direct pressure. Elevate the limb above the level of the heart. Consider laying the patient down to help facilitate elevation of the extremity and to prepare for the shock position.
- Apply additional dressings and bandage
If bleeding does not stop or is soaking through the dressings, apply additional pressure dressings over the dressings that have already been applied. Use a bandage to secure the dressings in place. You may also apply a rigid splint to the bleeding extremity to lessen movement of the extremity and thereby reducing bleeding.
- Locate and apply pressure to the appropriate pressure point
Pressure points may be used in the upper and lower extremities if bleeding does not stop and continues to soak through the dressings. Locate the pressure point for the area that is bleeding and apply pressure to that pressure point.

NOTE: A tourniquet is used as a LAST RESORT to control bleeding of an extremity when all other methods of bleeding control have failed.

Application of a tourniquet can cause permanent damage to nerves, muscles, and blood vessels resulting in the loss of the extremity.

- Apply a tourniquet if necessary
Apply a tourniquet slightly above the site that is bleeding, but not over a joint. Use a wide bandage or an inflated blood pressure cuff as a tourniquet. Never use wire, rope, a belt, or any other material that may cut into the patient's skin and underlying tissue. Document the time that the tourniquet was applied and leave the tourniquet visible.
- Assess patient for signs and symptoms of hypoperfusion (shock)
Assess the patient and obtain a full set of vital signs. If necessary, continue with the following steps to treat for hypoperfusion (shock).

- Properly position the patient
If not already completed, place the patient in the supine position with legs elevated approximately 8 – 12 inches. If the patient has serious injuries to the pelvis, lower extremities, head, chest, abdomen, neck, or spine, keep the patient supine. If the patient is secured to a long backboard you may elevate the foot end of the backboard.
- Apply oxygen
Place the patient on supplemental high concentration oxygen. If the patient does not require ventilatory assistance then you should use a non-rebreather face mask at 15 liters per minute.
- Maintain body temperature
Apply blankets over the patient to reduce heat loss.
- Identify need for ALS and/or rapid transport
Determine if the patient will require Advance Life Support modalities and if they may require rapid transport to the hospital.