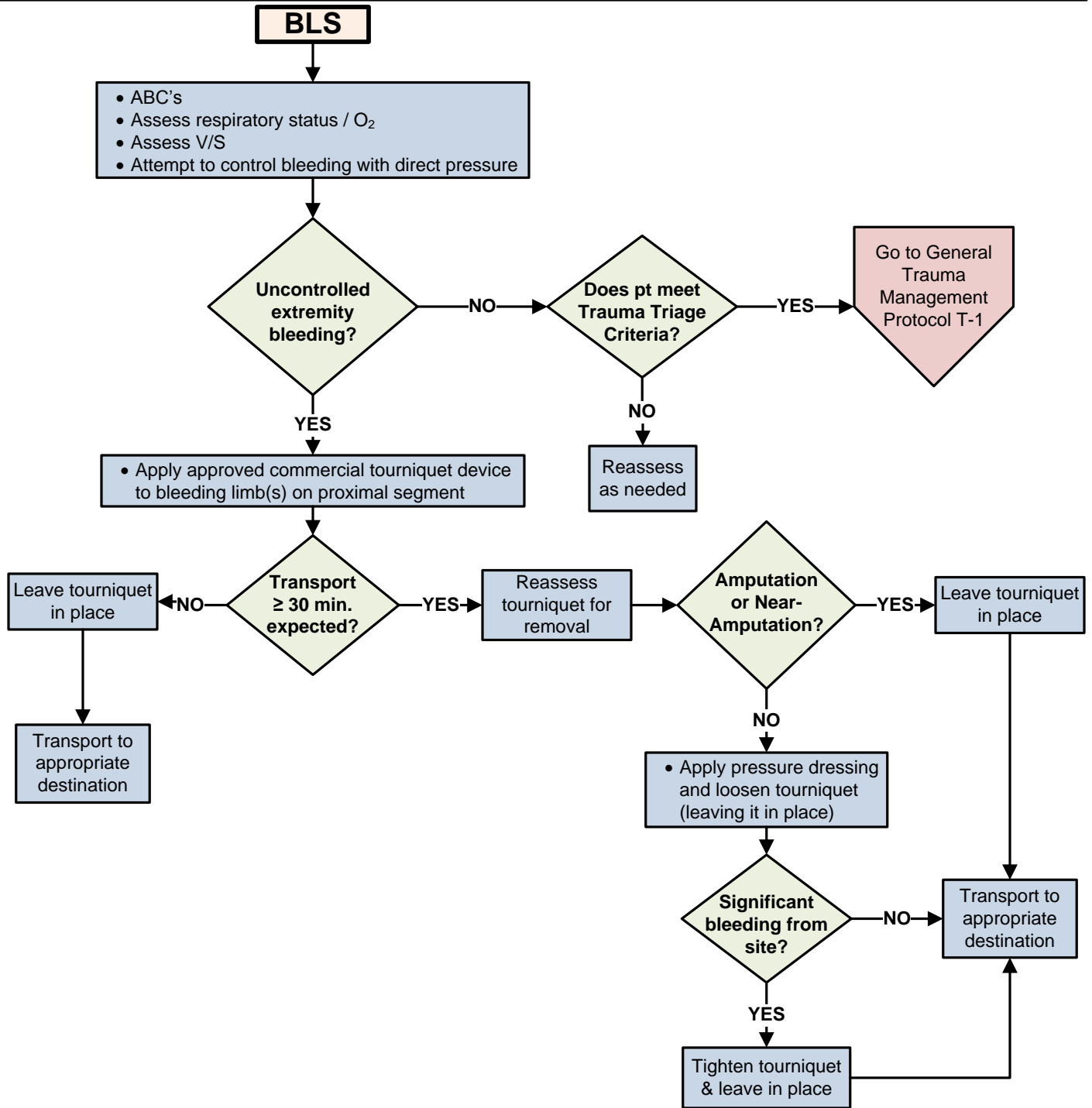




**SIERRA SACRAMENTO VALLEY EMS AGENCY
TREATMENT PROTOCOL – MEDICAL EMERGENCY**

**PEDIATRIC
REFERENCE NO. P-34 (LALS)**

SUBJECT: UNCONTROLLED EXTREMITY BLEEDING



Effective Date: 06/01/2011
Next Review Date: 04/2013
Approved by:

Date last reviewed revised: 04/11
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SIGNATURE ON FILE
S-SV EMS Medical Director

SIGNATURE ON FILE
S-SV EMS Regional Executive Director