

Sierra – Sacramento Valley EMS Agency Treatment Protocol

Hemorrhage

Effective: 06/01/2024

T-4

Approval: John Poland – Executive Director

Approval: Troy M. Falck, MD – Medical Director

Next Review: 04/2027

Approved Commercial Tourniquet Devices:

- Combat Application Tourniquet
- Emergency and Military Tourniquet
- Mechanical Advantage Tourniquet

- SAM XT Extremity Tourniquet
- Special Ops. Tactical Tourniquet
- RECON Medical Tourniquet

Tourniquet Utilization Notes:

- Tourniquets applied by lay rescuers or other responders shall be evaluated for appropriateness and may be adjusted or removed if necessary – improvised tourniquets should be removed by prehospital personnel.
- If application is indicated and appropriate, a commercial tourniquet should not be loosened or removed by prehospital personnel unless time to definitive care will be greatly delayed (>2 hrs).

Approved Hemostatic Agents:

Extremity, area

agent application

proximal to 1st for continued bleeding

Apply tourniquet

necessary

- QuikClot EMS 4x4 & Combat Gauze HemCon ChitoGauze XR PRO
- HemCon ChitoGauze XR2 PRO - HemCon OneStop Bandage

- HemCon ChitoGauze OTC
- HemCon Bandage PRO
- **BLS** Assess V/S, including SpO₂ O2 at appropriate rate if hypoxemic (SpO2 <94%) Attempt to control bleeding with direct pressure Uncontrolled Monitor & reassess Hemorrhage? YES Non-compressible or Non-extremity, suspected internal compressible bleeding amenable to tourniquet hemorrhage Consider hemostatic Pressure dressing • Consider hemostatic agent application proximal to bleeding if • Apply 2nd tourniquet

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Evaluate for TXA administration (page 2)

Continued Hemorrhage?

YES



Hemorrhage

Tranexamic Acid (TXA) Administration

TXA Administration Notes:

• Routes other than IV/IO (e.g., nebulized, topical) may be considered (with base/modified base hospital order only) for bleeding from epistaxis, lacerations, or oral trauma.

