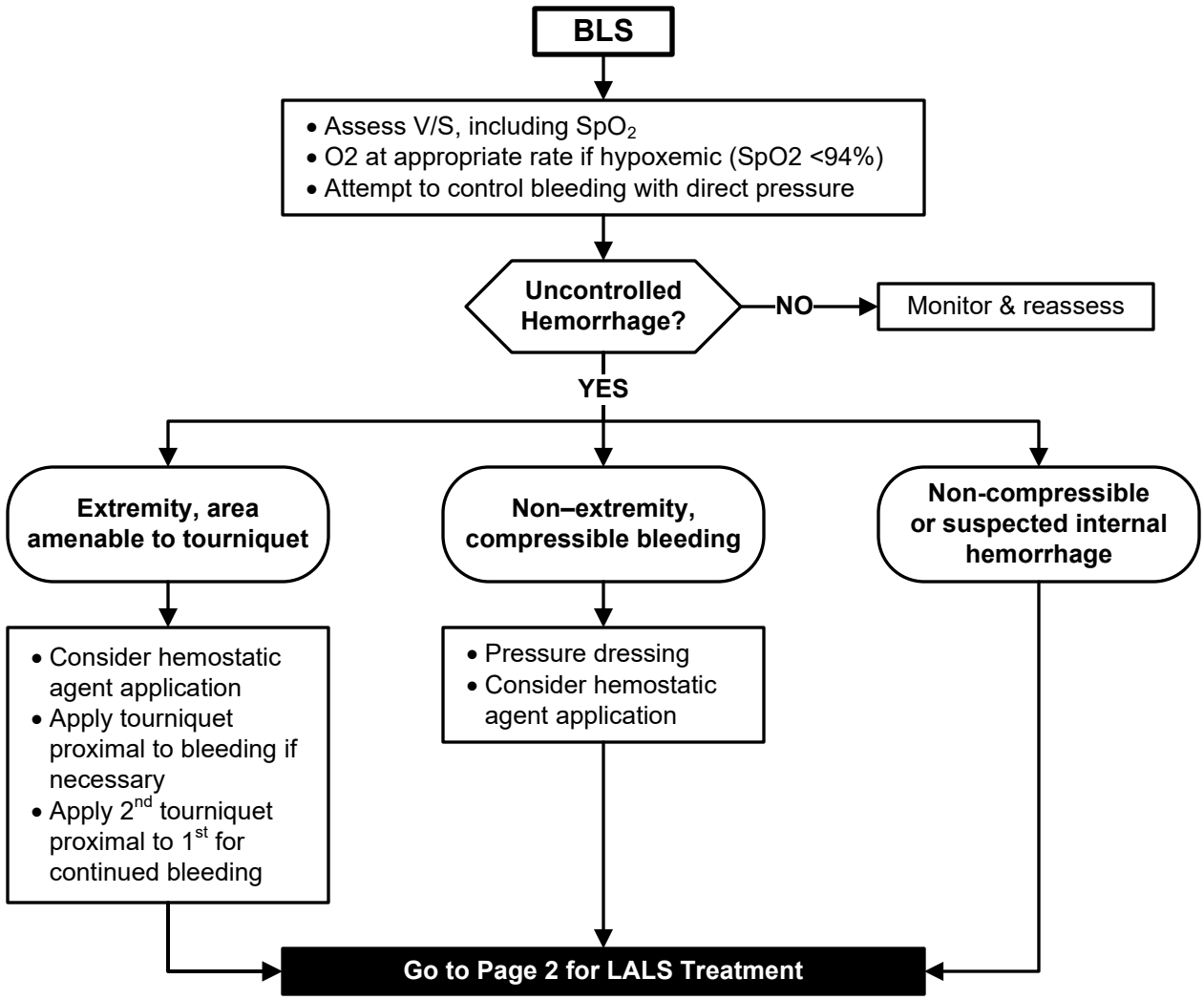
Sierra – Sacramento Valley EMS Agency Treatment Protocol	T-4 (LALS)
Hemorrhage	
Approval: Troy M. Falck, MD – Medical Director	Effective: 10/01/2026
Approval: John Poland – Executive Director	Next Review: 07/2029

Tourniquet Devices:
- Any windlass style device included on the current Committee on Tactical Combat Casualty Care (CoTCCC) recommended Limb Tourniquets (non-pneumatic) list may be utilized by EMS personnel.
- 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 & appropriate, a commercial tourniquet should not be loosened or removed by prehospital personnel unless time to definitive care will be greatly delayed (>2 hrs).

Hemostatic Dressings:
- Any hemostatic agent that is incorporated into gauze (no loose granules/particles) included on the current CoTCCC recommended Hemostatic Dressings list may be utilized by EMS personnel.

Other Important Notes:
- In trauma pts with suspected active hemorrhage, control life-threatening bleeding before routine airway or blood pressure augmenting interventions.
- Push-dose epinephrine is not routinely indicated for hemorrhagic shock & may worsen bleeding by increasing BP before hemorrhage control is achieved.



LALS

- Cardiac monitor, $EtCO_2$ monitoring **(AEMT II)**
- Establish vascular access
- Do not aggressively administer fluids – control volume resuscitation:
  - For pts in hemorrhagic shock from trauma – target SBP 80-100
  - For pts in hemorrhagic shock with suspected moderate/severe TBI or spinal cord injury – target SBP >100