

# TOURNIQUETS

## STOP THE BLEED

### INDICATIONS:

Used for **limb injuries with uncontrolled hemorrhage**: Full/partial amputation, open fracture, severe laceration, mangled extremity, etc.

### APPLICATION:

- Position the tourniquet **proximal** to the site of bleeding over bare skin.
  - TNCC teaches **2 inches** above the wound (avoid joints or fractured bones)
- Fasten tourniquet around the limb, pulling it as tight as possible and secure the velcro/strap
- Twist the windlass rod **until the bleeding has stopped**.
- Position the rod into the clip and anchor it with the strap.
- Clearly **mark the time of placement** on the tourniquet & document in the EMR
- **DO NOT COVER** tourniquet with any clothing → should be visible to ALL medical providers.
- **REASSESS FOR BLEEDING:**
  - If a single tourniquet fails to stop the bleed, place a **second tourniquet** 2 inches above the first.

### REMOVAL:

- **ONLY** remove a tourniquet when a **physician is present** and prepared to manage the bleed
- Max time: = **6 hours** from time of placement
  - Complications of prolonged use: nerve palsy, distal ischemia, amputation, compartment syndrome

### CONSIDERATIONS:

- Life Flight and other EMS crews still use the procedure of placing “high & tight” over a single bone (humerus/ femur).
- **Tourniquets are very painful.** Provide adequate pain relief.

