



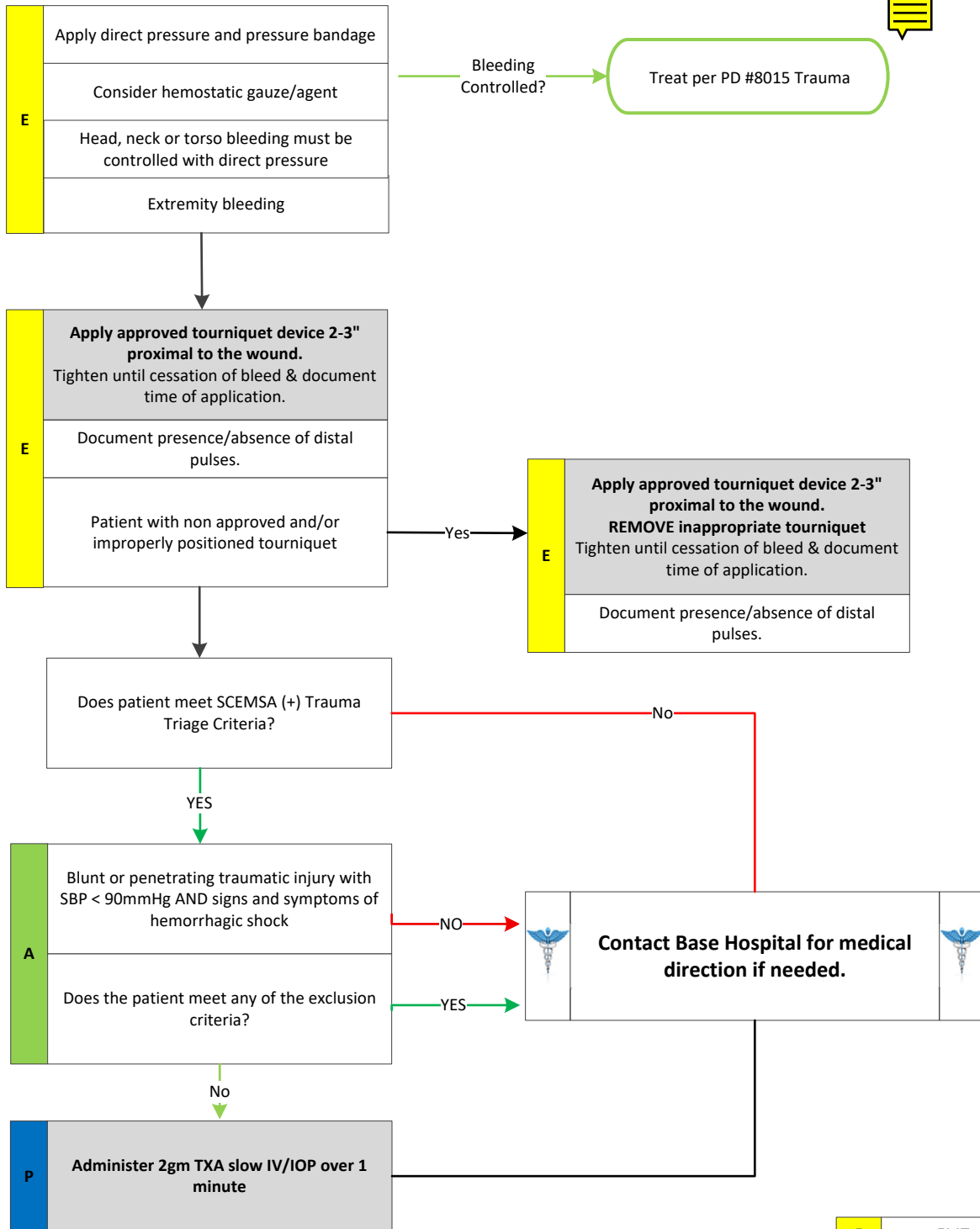
# Hemorrhage

EMS Medical Director:

Signature on File

EMS Administrator:

Signature on File



Adult Medical Treatment Protocol

# DRAFT

E	EMT
A	AEMT
P	Paramedic





# Hemorrhage

## NOTES:

- A.** Life-threatening hemorrhage to a limb is best managed with splinting or stabilization of the limb to reduce movement and progress rapidly through the hemorrhage control algorithm below until bleeding is controlled.
- B.** Patients with major arterial bleeding can bleed to death in as little as two to three minutes. It is important to control external bleeding before the patient is in shock.
- C.** Any patient who requires a tourniquet is considered to have a time-dependent injury and should be transported immediately to an appropriate trauma center per Trauma Destination Policy, PD# 5052.
  - 1.** Pediatric patients  $\leq$  fourteen (14) years of age who require a tourniquet shall be transported to the University of California Davis Medical Center (UCDMC), with the following exceptions:
    - a.** Pediatric patients without an effective airway may be transported to the nearest available facility for emergent airway establishment.
    - b.** Pediatric trauma patients under Cardiopulmonary Resuscitation (CPR) shall be transported to the time closest trauma facility.
- D.** It is critical that the time of tourniquet application be documented in the PCR, on the tourniquet when possible, and communicated to all providers.
- E.** The use of approved Hemostatic Agents shall be documented in the PCR and communicated to all providers.
- F.** While most life-threatening bleeding is a result of trauma, hemorrhage control strategies and sections of this policy also apply to non-traumatic hemorrhage, including but not limited to bleeding AV-shunts and non-traumatic bleeding in patients on anticoagulants. TXA is only indicated by the protocol below for traumatic bleeding, epistaxis, and oral bleeding.

- **TXA EXCLUSION CRITERIA FOR TRAUMATIC HEMORRHAGE**

Does patient meet any of the following exclusion criteria?

- Time since injury > 3 hours
- Isolated neck or extremity trauma
- Thromboembolic event (i.e. stroke, MI, PE) in last 24 hours
- Traumatic arrest with > 5 minutes of CPR without ROSC
- Hypotension secondary to suspected cervical cord injury with motor deficit or spinal shock
- Pediatric Patients  $\leq$  fourteen (14) years of age
- Head injury with GCS < 9 OR unreactive pupils.

## Cross Reference:

- PD# 5052 –Trauma Destination Policy
- PD# 5053 –Trauma Triage Criteria Policy
- PD# 8015 – Trauma Policy
- PD# 9017 – Pediatric Trauma

