**Prehospital Bleeding/External Hemorrhage Control Protocol**

Apply direct pressure/pressure dressing to the injury

- **Direct pressure effective** (Bleeding Controlled)
  - Assure airway and breathing are adequate
  - Apply tourniquet at least 3 inches above the wound, not over a joint. In an unstable scene, or if the extent of the wound cannot be fully assessed in the field, tourniquet should be placed as proximal on limb as possible “high and tight”
  - Apply second tourniquet if hemorrhage is not controlled – adjacent to initial tourniquet
  - Assure airway and breathing are adequate
  - Assess for hypotension. If hypotension is present, refer immediately to hypoperfusion protocol

- **Direct pressure ineffective or impractical** (Hemorrhage Not Controlled)
  - Wound amenable to tourniquet placement (e.g. extremity injury)
  - Apply hemostatic dressing with direct pressure, directly to bleeding source or junctional tourniquet* or skin closure device*
  - Wound not amenable to tourniquet placement (e.g. junctional injury)

Transport in accordance with New York State Trauma Triage Criteria. Maintain the patient’s skin to a warm or normothermic condition. Record all patient care information, including the patient’s medical history and all treatment provided on a prehospital care report (PCR)

* Regional option may include the use of Junctional Tourniquet and/or cutaneous closure devices in accordance with directions for its use, and Medical Director authorization.

If a tourniquet is placed, an alert patient may require narcotic analgesia to manage tourniquet-associated discomfort. Consider use of regionally approved pain management protocols including ALS intercept.

Hemodialysis access sites may result in life threatening hemorrhage. Direct digital pressure should be used first followed by tourniquet in the setting of life threatening hemorrhage when other means of hemorrhage control have been unsuccessful.