	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	8065.07
	<u>PROGRAM DOCUMENT:</u> <b>Hemorrhage in Trauma</b>	Draft Date:	02/28/13
		Effective:	11/01/17
		Revised:	08/16/17
		Review:	03/01/19

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EMS Medical Director

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EMS Administrator

**Purpose:**

To serve as a guideline for basic and advanced life support personnel in managing hemorrhage in trauma patients.

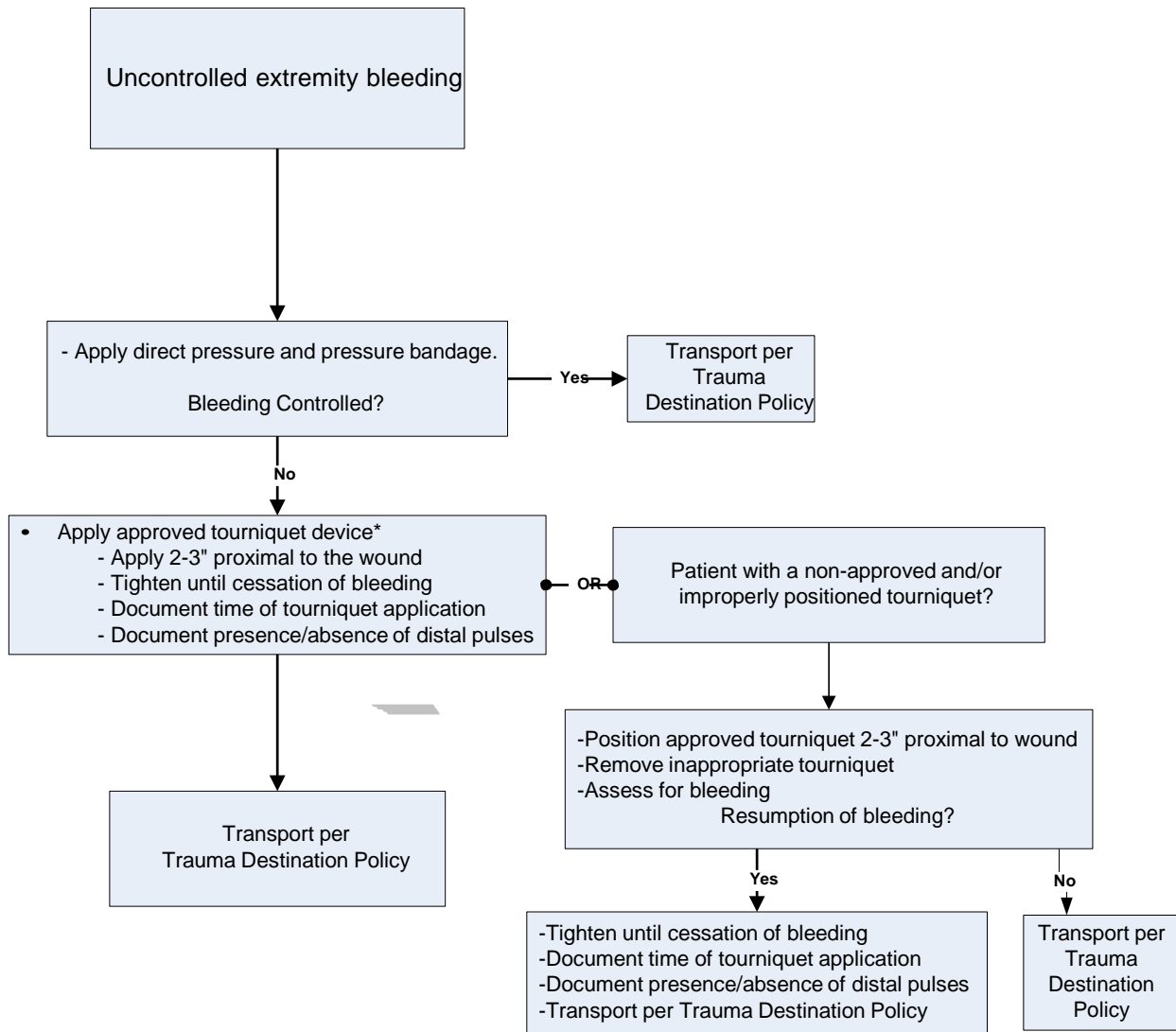
**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Notes:**

- A. Life threatening hemorrhage to a limb is best managed with splinting or stabilization of the limb to reduce movement and progressing 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 required a tourniquet shall be transported to University 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.

**Policy: (OLD)**

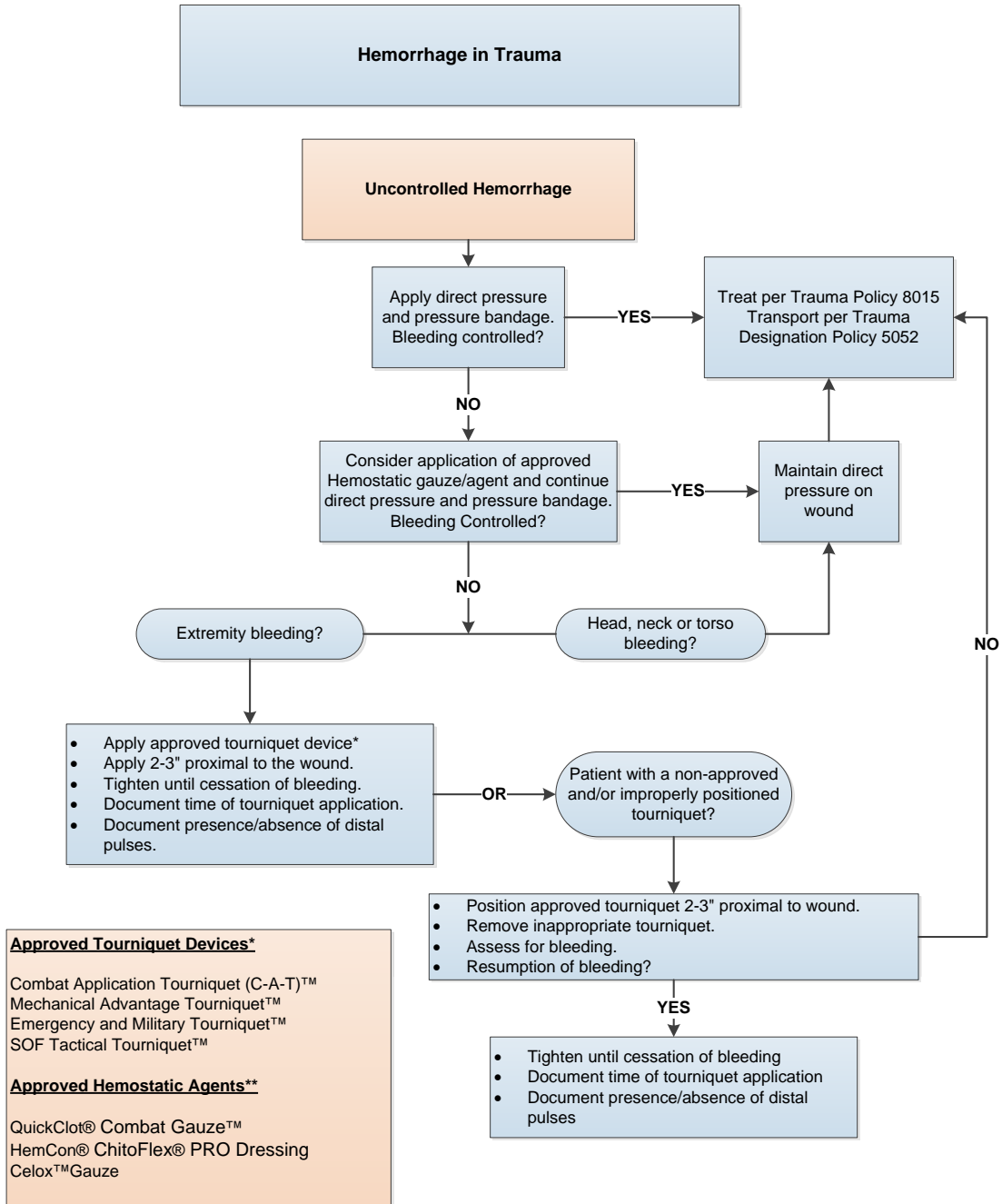


- \*Approved Tourniquet Devices\***
- Combat Application Tourniquet (C-A-T)™
  - Mechanical Advantage Tourniquet™
  - Emergency and Military Tourniquet™
  - SOF Tactical Tourniquet™

**References:**

Trauma Destination Policy, PD#5052  
Trauma Triage Criteria Policy, PD# 5053  
Pediatric Trauma, PD# 9017

**NEW**



**Cross References:**

Trauma Destination Policy, PD#5052

Trauma Triage Criteria Policy, PD# 5053

Trauma Policy, PD# 8015

Pediatric Trauma, PD# 9017

**\*NOTE:** Dialysis fistula bleeding can be considered traumatic bleeding and managed with this algorithm.