	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	<b>Document #</b>	<b>8065.11</b>
	<u>PROGRAM DOCUMENT:</u>  <b>Hemorrhage</b>	<b>Initial Date:</b>	<b>02/28/13</b>
		<b>Last Approval Date:</b>	<b>06/11/20</b>
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Signature on File

EMS Medical Director

Signature on File

EMS Administrator

**Purpose:**

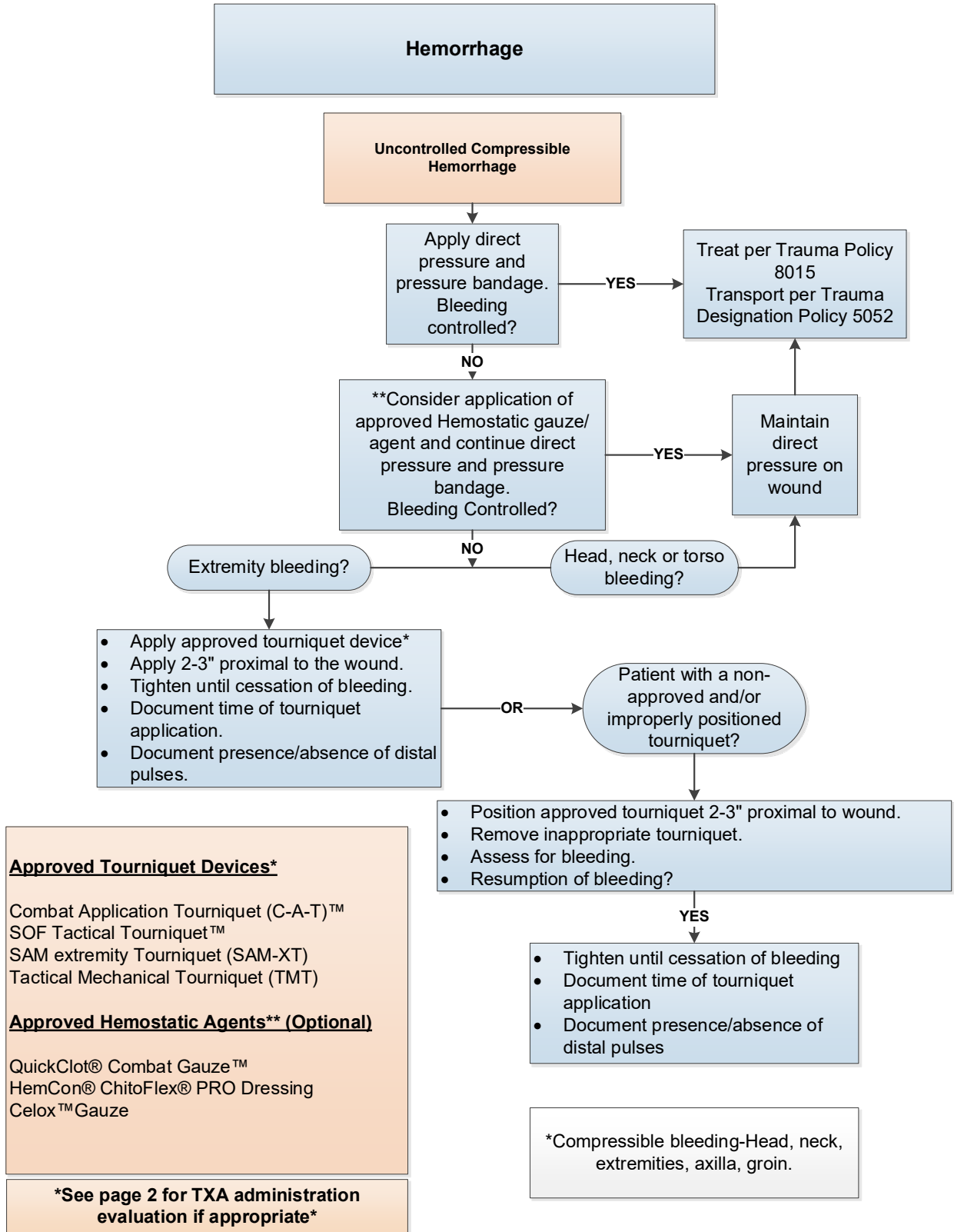
- A. To establish a guideline for basic and advanced life support personnel in managing hemorrhage.

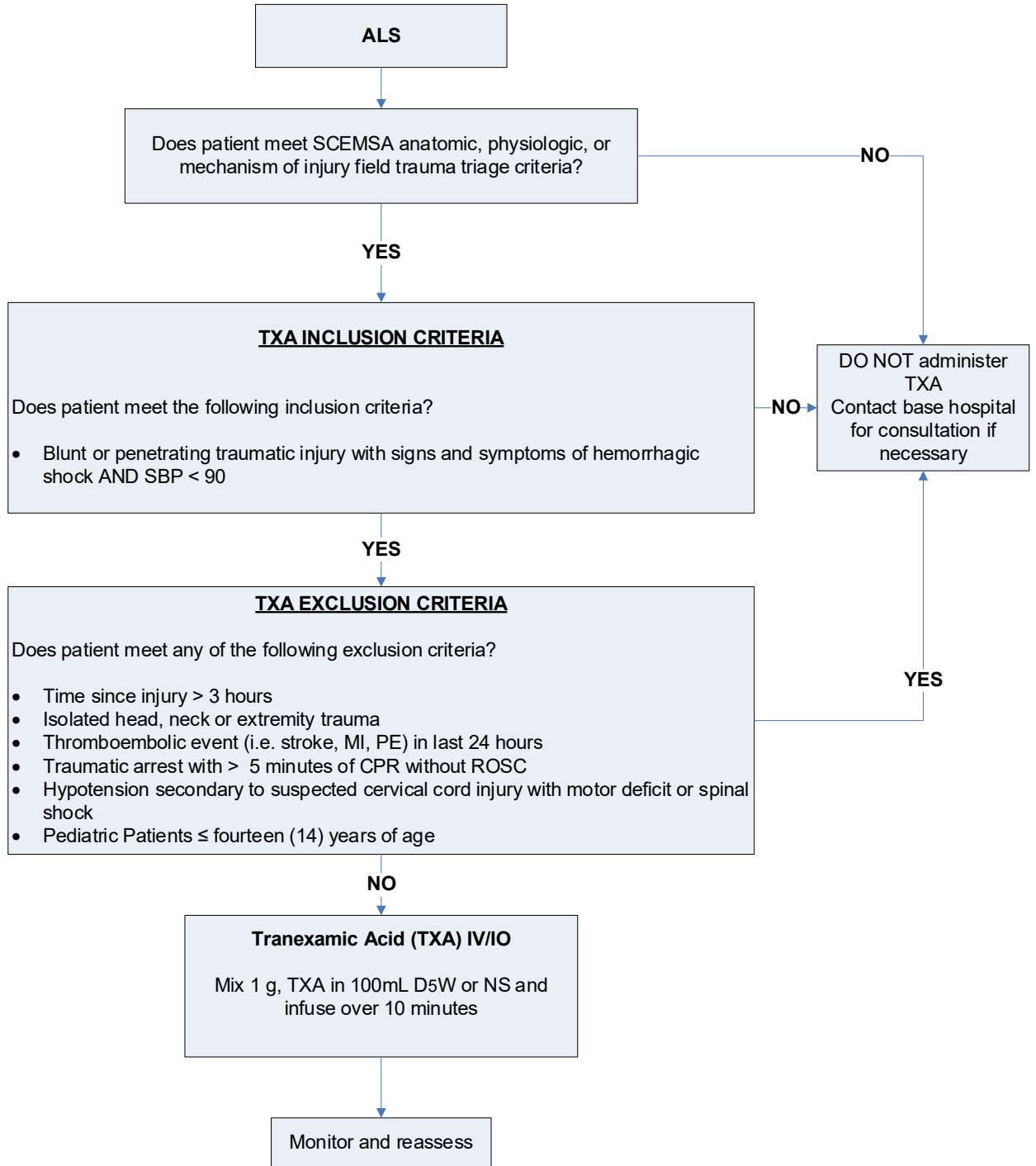
**Authority:**

- 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 (2) to three (3) 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.
- E. 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 anti-coagulants. Tranexamic Acid (TXA) is only indicated by protocol below for traumatic bleeding.





**Cross References:** PD# 5052 – Trauma Destination Policy  
 PD# 5053 – Trauma Triage Criteria Policy  
 PD# 8015 – Trauma Policy  
 PD# 9017 – Pediatric Trauma