	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	8065.09
	<u>PROGRAM DOCUMENT:</u>  <b>Hemorrhage</b>	Initial Date:	02/28/13
		Last Approval Date:	06/11/20
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 Signature on File  
 EMS Medical Director

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 Signature on File  
 EMS Administrator

**Purpose:**

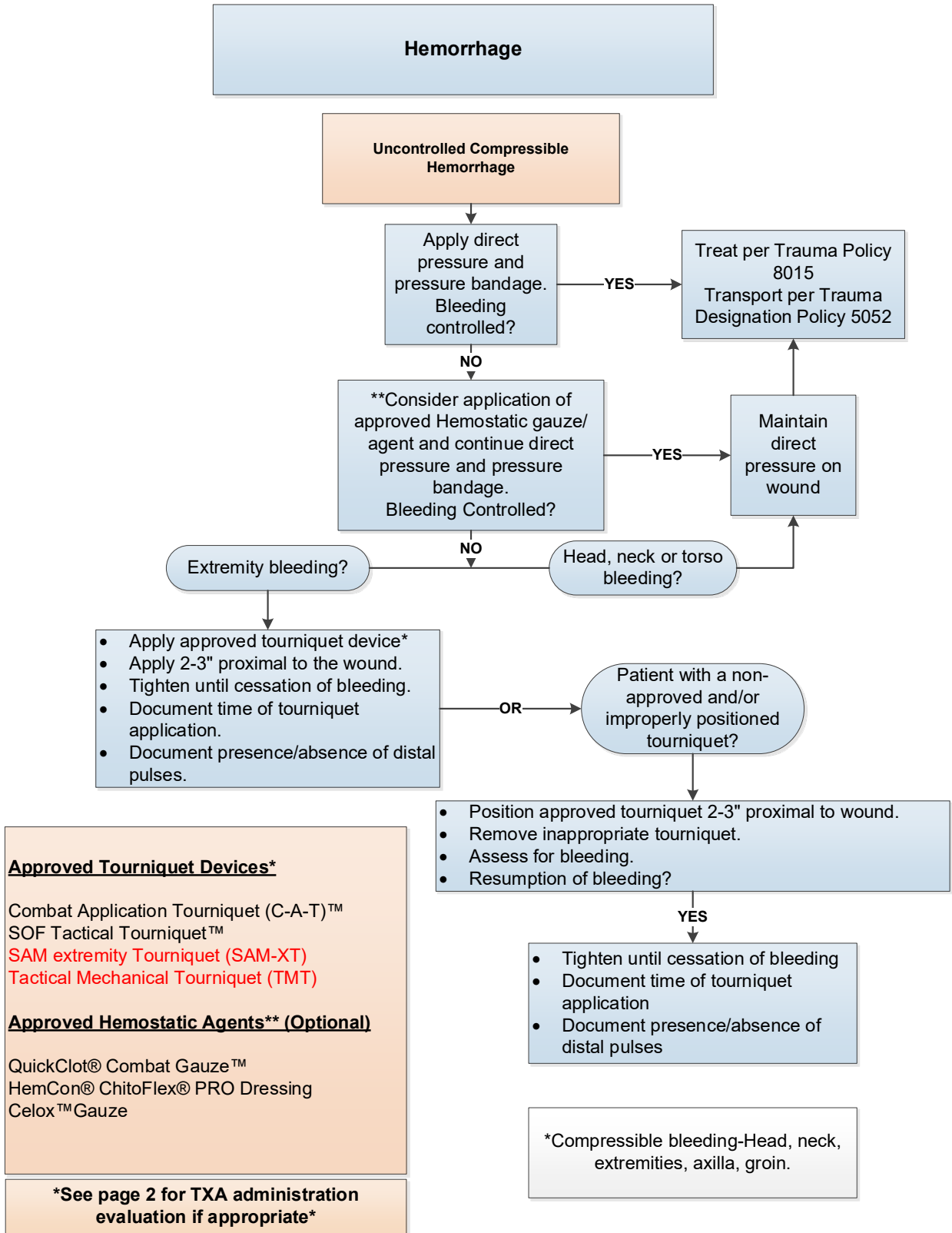
- A. To serve as a guideline for basic and advanced life support personnel in managing hemorrhage.

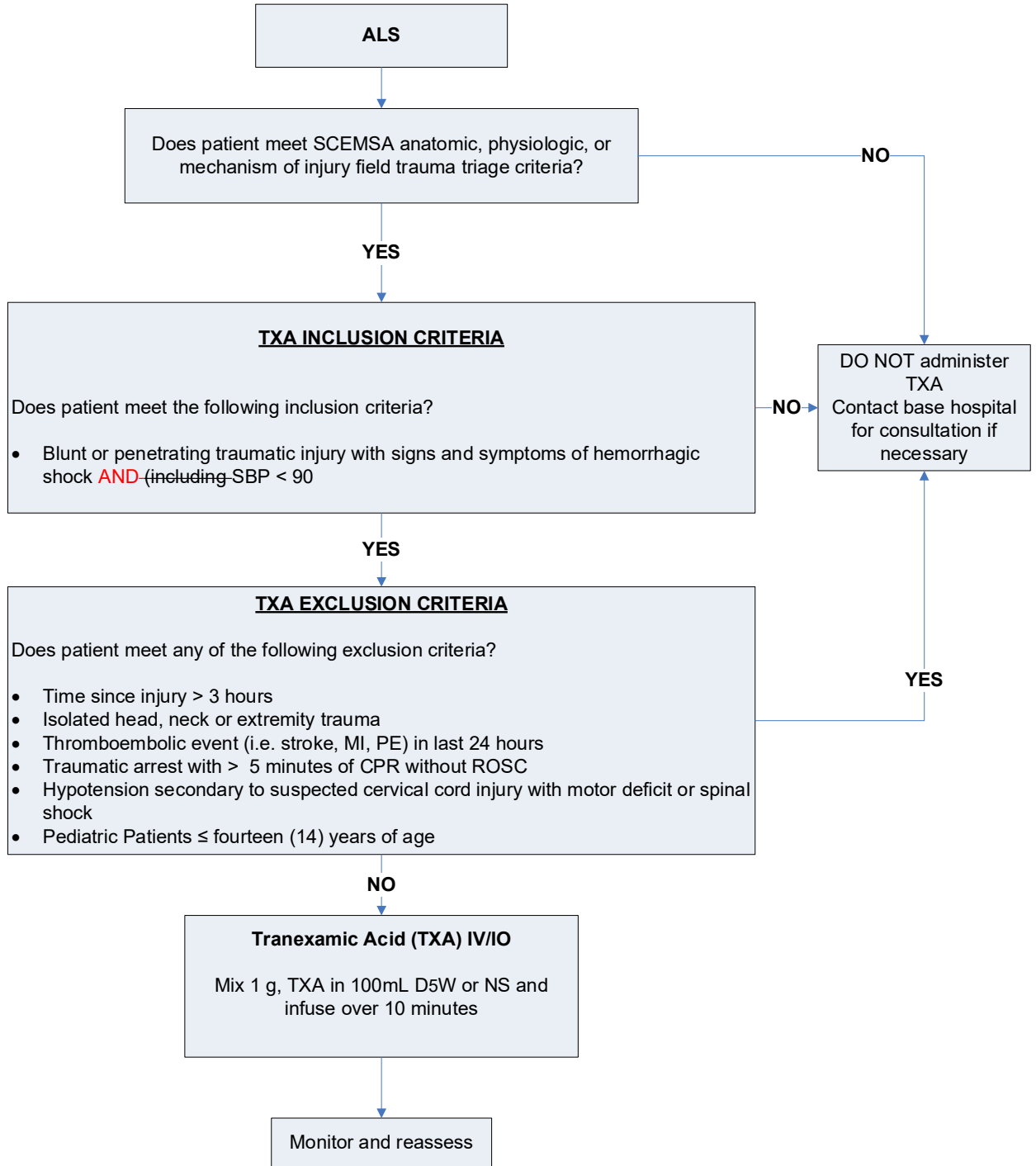
**Authority:**

- 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 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 ≤ 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. 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