

TOURNIQUET

1. Level: EMT, AEMT, Paramedic, RN
2. Purpose: Arterial and deep venous bleeding control
3. Indications:
 - 3.1. Arterial and deep venous bleeding uncontrolled after direct pressure.
4. Procedure:
 - 4.1. Mechanical Advantage Tourniquet (MAT)
 - 4.1.1. Place MAT around the limb, above the injury site.
 - 4.1.2. Click the buckle into place.
 - 4.1.3. Pull the strap down snugly.
 - 4.1.4. Rotate the turnkey to tighten securely to occlude blood flow.
 - 4.1.5. Secure MAT.
 - 4.1.5.1. Wind strap around turnkey stem and fold turnkey down, **or**
 - 4.1.5.2. Tuck strap underneath and tighten, **or**
 - 4.1.5.3. Wrap the excess strap over the turnkey and tuck under.
 - 4.2. Combat Action Tourniquet (CAT)
 - 4.2.1. Route the band around the limb and pass the red tip through the inside slit of the buckle. Pull the band tight.
 - 4.2.2. Pass the red tip through the outside slit of the buckle. The friction buckle will lock the band in place.
 - 4.2.3. Pull the band tight and securely fasten the band back on itself. When the band is pulled tight no more than three fingers will fit between the band and the limb.
 - 4.2.4. Twist the rod until arterial or deep venous bleeding has stopped and the distal pulse may be eliminated.
 - 4.2.5. Place the rod inside the clip with the strap.
 - 4.3. SOF Tactical Tourniquet
 - 4.3.1. Apply SOF Tactical Tourniquet proximal to the site of uncontrolled hemorrhage.
 - 4.3.2. Remove slack from webbing.
 - 4.3.3. Twist handle until hemorrhage is controlled.
 - 4.3.4. Latch handle in tri-ring. It is not necessary to latch both ends of the handle.
 - 4.3.5. Tighten the safety screw.
 - 4.4. Removal of tourniquets
 - 4.4.1. In most cases, once a tourniquet has been applied, it should remain in place until arrival at the receiving facility
 - 4.4.2. In cases in which a tourniquet is applied prior arrival and the positioning is grossly inappropriate or in cases in which a tourniquet is in place with no indication i.e. snake bite, the tourniquet may be removed with a medical control order.
 - 4.5. Record the time of application and convey this information to the receiving facility.
 - 4.6. Monitor for continued bleeding.
 - 4.7. Document the intervention on the electronic Patient Care Record.