

WOUND CARE

1. Level: EMT, AEMT, Paramedic, RN
2. Purpose: Control hemorrhage and protect wounds.
3. Indications: Open wound
4. Procedure:
 - 4.1. Use personal protective equipment, including gloves, safety glasses, gown, and mask as indicated.
 - 4.2. If active bleeding, elevate the affected area if possible and hold direct pressure. Do not rely on “compression” bandage to control bleeding. Direct pressure is much more effective.
 - 4.2.1. Quikclot (Region 1 only).
 - 4.2.1.1. The use of a Quick Clot sponge should be considered if bleeding is uncontrolled using direct pressure
 - 4.2.1.2. Pack Quikclot 1st Response tightly and directly onto bleeding source; more than one sponge may be required. Product may feel warm (typically 105°F/40.5°C).
 - 4.2.1.3. Quickly apply continuous pressure for 3 minutes or until the bleeding stops.
 - 4.2.1.4. Leave Quikclot 1st Response in place. Bandage to secure the product in the wound.
 - 4.2.1.5. Do not remove bandage or Quikclot. Elevate and evaluate as needed.
 - 4.3. Early application of a tourniquet is indicated if bleeding remains uncontrolled with direct pressure or Quick Clot. Once a tourniquet has been applied, do not release.
 - 4.4. Once bleeding is controlled, consider irrigating contaminated wounds with saline (this may have to be avoided if bleeding was difficult to control or Quick Clot sponge was used). Consider analgesia per [PAIN MANAGEMENT Protocol](#) prior to irrigation.
 - 4.5. Cover wounds with sterile gauze/dressings. Check distal pulses, sensation, and motor function to ensure the bandage is not too tight.
 - 4.6. Monitor wounds and/or dressings throughout transport for bleeding.
 - 4.7. Document the wound assessment and care in the electronic Patient Care Record.