



Arterial Tourniquet

EMT-Basic

Advanced EMT

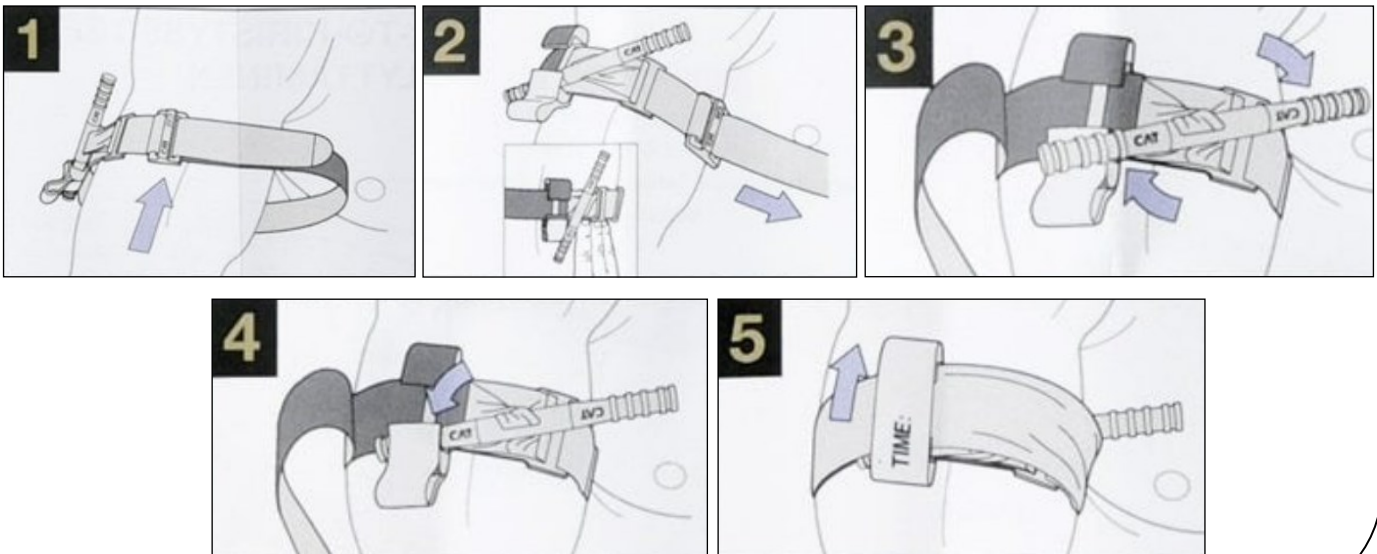
Paramedic

PROCEDURE

- Early recognition or anticipation of inability to control hemorrhage with direct pressure
- While attempting to control hemorrhage, place tourniquet above the site of injury over a single long bone, 2" proximal to injury site, avoiding major joints if possible
- Tighten tourniquet until bleeding stops AND distal pulses cannot be palpated
- Secure device and document time of application
- Transport patient to a trauma center
- Reassess injury site for further hemorrhage
- A second tourniquet may be applied proximal to the first tourniquet if the first one is ineffective
- Any provider may emergently place tourniquet 'as high as possible' when safety/care concerns limit time for thorough wound assessment

REFERENCE GRAPHICS

UPDATED GRAPHICS



KEY POINTS

- Tourniquets should ideally be placed over singular long bones (humerus or femur) for the most effective hemorrhage control
- Wound packing using a hemostatic agent in conjunction with a tourniquet is recommended
- Lacerated fistulas may qualify for tourniquet placement due to the hemorrhage potential – they are generally managed with direct pressure and gauze

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