



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



1 Apply tourniquet proximal to the bleeding site. Route the band around the limb and pass the tip through the inside slit of the buckle. Pull the band tight.



2 Pass the tip through the outside slit of the buckle. The friction buckle will lock the band in place.



3 Pull the band **very tight** and securely fasten the band back on itself.



4 Twist the rod **until bright red bleeding has stopped and the distal pulse is eliminated.**



5 Place the rod inside the clip: locking it in place. **Check for bleeding and distal pulse.** If bleeding is not controlled, consider additional tightening or applying a second tourniquet proximal side by side to the first and reassess.



6 Secure the rod inside the clip with the strap. **Prepare the patient for transport and reassess.** Record the time of application.

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

Medical Director: Ben Weston, MD, MPH

Revision Date: April 2022