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| **BLS Treatment** |
| * Apply tourniquet proximal to the injury when:
* Direct pressure does not control bleeding.
* Amputation or near amputation of the limb**.**
* Severe bleeding from a site which is not accessible (example: entrapment).
* Severe bleeding from an impaled object.
* During a mass casualty.
* Limb with the tourniquet should remain exposed.
* Splint injured extremities. Elevate the limb and apply cold packs. Cover open wounds with sterile dressing. Re-check neurological function/circulation every 5 minutes.
* Place amputated extremity in dry sterile dressing. Place in a plastic bag and on top of an ice/cold pack**.**
* If deformed extremity is pulseless, use gentle in line traction to restore anatomical position.
* **Oxygen** as indicated.
* Provide Spinal Motion Restriction as indicated or position of comfort as indicated.
* Appropriately splint suspected fractures/instability as indicated.
* Bandage wounds/control bleeding as indicated.
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| **ALS Treatment** |
| * Hemostatic dressings, as indicated.
* IV/ IO **Normal Saline** at TKO.
* If SBP <90, administer **Normal Saline** fluid bolus.
* For pain, if no evidence of head injury, or signs of hypoperfusion, and SBP > 90: may administer **Morphine Sulfate.**
* For nausea/vomiting: may administer **Ondansetron.**
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| **Comments**Must communicate time when tourniquet was applied to receiving hospital staff. |
| **Base Hospital Contact Criteria** |
| * If there is any question with the hemodynamic status of the patient following administration of pain or nausea medications.
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