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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. |
| **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.** |
| **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. |