

SECTION: Extremity Tourniquet**TITLE: General Tourniquet Use****REVISED: May 02, 2012**

Introduction: A tourniquet is to be used for **any severe hemorrhage that cannot be controlled with direct pressure, elevation or pressure point application or if the situation precludes the application of standard hemorrhage control.** It is possible that a law enforcement officer may place a tourniquet prior to EMS assessment. It is expected that the EMS provider will examine the continued need for the tourniquet upon their arrival or when the situation allows.

Indication:

- **Severe hemorrhage of upper extremities**
- **Severe hemorrhage of lower extremities**

Contraindications: A tourniquet should not be used for simple hemorrhage that can be controlled by the traditional means. Additionally, a tourniquet should not be used if the wound is higher than the tourniquet can be placed.

Contraindicated application:

- **Head**
- **Neck**
- **Genitalia**

Procedure: A tourniquet should be placed at least 2-3 inches above the hemorrhage site and may be placed higher up the extremity if necessary to control bleeding. See appendix section for specific tourniquet applications.

General Comments: It is important that the EMS provider **REASSESS** the need for tourniquet if there is going to be a prolonged field time, usually greater than an hour. Always record the time when the tourniquet is placed. This is best accomplished by writing on the tourniquet itself. When handing off care to another provider or at the hospital, always inform and show the receiving party the location of the tourniquet and the time it was placed.

Physician PEARLS:

- Most tourniquets should be placed 2-3" above the injury site.
- Tourniquets should not be placed over a joint.
- Record the time the tourniquet was placed.
- Always report the location and timing of a tourniquet when handing off care.

Protocol

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Tourniquet Use/C-A-T