

EL DORADO COUNTY EMS AGENCY

PREHOSPITAL PROTOCOLS

Effective: July 1, 2023

Reviewed: N/A

Revised: N/A

Scope: BLS/ALS Adult/Pediatric

EMS Agency Medical Director

HEMORRHAGE CONTROL –ADULT/**PEDIATRIC**

Basic Life Support

EMT

ABCs / ROUTINE MEDICAL CARE:

- Assess airway and support ventilation with appropriate airway adjuncts as indicated
- Apply oxygen if pulse oximetry <94% or signs of hypoperfusion or respiratory distress
- Spinal Precautions if indicated
- Keep patient warm
- Rapid transport
- Notify TRAUMA CENTER ASAP

EXTREMITY BLEEDING:

- Apply direct pressure/pressure bandage
- If bleeding not controlled, use approved hemostatic agent
- Remove improvised/improperly placed tourniquet if indicated
- Apply approved tourniquet if indicated
 - 2-4" proximal to wound
 - Tighten until bleeding has stopped
- If bleeding still not controlled, apply second approved tourniquet just proximal to first
- Document time each device applied. Appropriate applied tourniquet should not be loosened or removed unless time to definitive care will be greatly delayed (> 2 hours).

NECK, AXILLA, GROIN or PENETRATING EXTREMITY TRAUMA:

- Pack wound with approved hemostatic gauze and apply direct pressure until external bleeding is controlled. Be aware that internal hemorrhage may still occur.
- Assess airway and support ventilation with appropriate airway adjuncts as indicated

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Advanced Life Support

Paramedic

ABCs / ROUTINE MEDICAL CARE:

- Initiate large bore IV and consider second IV if indicated
- IV crystalloid fluid resuscitation only as required to try and maintain SBP >90, stop IV and recheck vitals after each 20cc/kg is given.
- Cardiac monitor

TRANEXAMIC ACID (TXA) IV/IO: Mix 1gm in 100ml NS, infuse over 10 min

- Must meet all indications and no contraindications
- Report injury time and TXA dose time to receiving trauma center upon arrival.
- TXA should be administered enroute and not on scene, to avoid time delays.

Indications:	Contraindications:
<ul style="list-style-type: none">• Age 15 years or older, And• Time since injury < 3 hours, And• Blunt or penetrating trauma with suspected hemorrhage including:<ul style="list-style-type: none">• At least one Systolic BP of < 90mmHg (no base contact required) Or• Persistent Tachycardia > 120 (base contact required) Or• Amputation of an extremity, proximal to wrist or ankle, and bleeding not controlled with tourniquets	<ul style="list-style-type: none">• Isolated brain injury• Thromboembolic event (Stroke, MI, PE, DVT) within past 24 hours• Traumatic arrest with > 5min of CPR without ROSC• Hypotension secondary to suspected cervical cord injury OR Spinal shock• Allergy to TXA• Time since injury > 3 hours