



<b>Title</b> Bleeding Control	<b>Date</b> 11/01/2019
<b>CDE Number</b> M-1911002	<b>CDE Credit Hours</b> .5 HRS

The slide header features the El Paso-Teller County 911 logo on the left. To the right is a red background with a white ECG line. Below the logo, the text "Bleeding Control" is written in red, and "CREATED BY: JOSCELYN NISKI" is written in small black letters below that.

## Objectives

- Review Additional Information
- Review 13.2 version Axioms
- When to do bleeding control
- When NOT to do bleeding control
- Review new tourniquet application PAI

A graphic consisting of three red, glossy spheres of varying sizes. The largest sphere in the foreground has the word "Control" written on it in a white, sans-serif font.



## Protocols Affected

- Protocol 3 Animal Bites/Attacks
- Protocol 4 Assault/Sexual Assault/ Stun Gun
- Protocol 7 Burns (Scalds)/Explosion (Blast)
- Protocol 17 Falls
- Protocol 21 Hemorrhage (Bleeding)/Lacerations
- Protocol 27 Stab/Gunshot/Penetrating Trauma
- Protocol 29 Traffic/ Transportation Incidents
- Protocol 30 Traumatic Injuries (Specific)

## Additional Information Rules

### Rules

1. EMDs should not delay transport by sending paramedics if a BLS unit at the scene can transport immediately. En route rendezvous is preferable over any transport delay in serious trauma cases.
2. When possible, **direct pressure** on the wound should be **avoided** in the presence of **visible fractured bone** (amputations excluded) or **foreign objects**.
3. Hemorrhage through a **dialysis fistula** (artificial vessel used in dialysis) should not be considered "hemorrhage through **TUBES**." A hemorrhaging dialysis fistula presents external bleeding and should be **controlled aggressively with direct pressure** (Case Exit X-5).
4. Hemorrhage from an **enlarged vein**, called a **varicose vein**, can become life threatening if not promptly controlled. The size, volume, and pressure in these extended vessels can result in **rapid blood loss**. Bleeding should be **controlled aggressively with direct pressure** (Case Exit X-5).
5. **Abdominal** and **thoracic eviscerations** should be **handled on Protocol 27**.
6. A complaint description of **POSTPARTUM hemorrhage only** should be **handled on Protocol 21** (no complications with baby and placenta has been delivered).



## Bleeding Control Axioms

### Axioms

1. **Direct pressure** will control most external bleeding and is the **only** control choice in the **dispatch environment**.
2. In most cases, **external bleeding is not as serious as it appears**. Bleeding is often over-treated to the exclusion of locating and treating **more serious but less obvious injuries and problems**. This often includes failure to perform simple airway maintenance.
3. It is sometimes **harder to control bleeding in people who have bleeding disorders** (such as **hemophilia**) or who take blood thinners (such as **warfarin**). Blood thinners may have **residual action** after stopping therapy.
4. Vomiting blood, coughing up blood, and vaginal or rectal bleeding are considered **SERIOUS** when bleeding is **copious, profuse, flowing**, or presenting in **large clots**. **MINOR** bleeding from these areas is best described as blood presenting **with other bodily fluids**.
5. In cases of **traumatic arrest** involving **SERIOUS** hemorrhage, **direct pressure on external wounds** by a **second** rescuer, while **CPR** is initiated by a **primary** rescuer, may increase patient survival.



## Bleeding Control?

### Yes!

- You should give the bleeding control instructions anytime there is **SERIOUS** bleeding
  - Serious bleeding is considered any spurting or pouring

#### **SERIOUS Hemorrhage**

**Uncontrolled bleeding** (spurting or pouring) from **any area**, or anytime a caller reports **"serious"** bleeding.

## Bleeding Control?

### No!

- Bleeding control should only be given to external wounds
  - Hemorrhages body areas such as vaginal, urinating, coughing up, rectal, vomiting are all some examples of when bleeding control instructions should not be given

In cases of **traumatic arrest** involving **SERIOUS hemorrhage**, **direct pressure on external wounds** by a **second** rescuer, while **CPR** is initiated by a **primary** rescuer, may increase patient survival.

- Bleeding control should not be given when there is a visible fractured bone
  - Amputations are excluded

When possible, **direct pressure** on the wound should be **avoided** in the presence of **visible fractured bone** (amputations excluded) or **foreign objects**.



## Nose Bleed

Remember! There is a separate set of instructions if someone reports a nose bleed. These can be found under the DLS Links (Panel X5a):

- “Tell him to tightly pinch the entire soft part of his nose, right under the nasal bone, and hold it firmly until help arrives. Do not sniff or blow.”
- “(Non-Traumatic) Tell him to sit forward and keep still.”



In the new 13.2 update, there will be a new tourniquet PAI.

This will be considered Protocol T: Tourniquet.

Directly from the Update guide:

“A new PAI Protocol T: Tourniquet was added to help stop life-threatening external hemorrhage from limb injury. It is accessed through the DLS Link “Amputation/Severe limb injury with (uncontrolled) SERIOUS hemorrhage” on Protocols 3, 4, 7, 17, 21, 27, 29, and 30, as well as the link on Panel X-5b.”



Control Bleeding instructions are now found in both Medical and Fire protocols. Example:





## Patient Care Instructions

There is no deviation for giving any patient care or safety instructions (Bleeding Control in case entry or saying "Get yourself to a safe location"...)

However, If it does display later in the protocol (like bleeding control) you will have to select that panel and give it in the appropriate way. Missing this link can be considered as a "missed protocol link".

### Universal Standard 21 (Suspending Interrogation)

The calltaker may suspend questioning only in defined circumstances or as directed by protocol. To suspend interrogation means to leave the question sequence, perform another function—such as sending or giving appropriate DLS Instructions—and then return to the question sequence. This standard allows the calltaker to correct certain situations and better impact the incident. The calltaker may suspend interrogation in the following cases *only*:

- When the caller is in immediate danger and to continue interrogation would create a safety risk
- When the calltaker needs to provide an acceptable calming or caller management statement
- When the protocol directs the calltaker to send or provide specific instructions immediately, before completing interrogation
- When the calltaker needs to give immediate instructions pertaining to patient/victim safety or care

If interrogation is suspended in one of the afore-listed situations, the calltaker will continue with interrogation as soon as it is safe and possible to do so.

## Questions?

Please contact us at [911training@elpasoteller911.org](mailto:911training@elpasoteller911.org)





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I verify that I read and am familiar with the contents of this document.

Please return this to your agency's training coordinator for CDE credit. If you have any questions please contact us at [911training@elpasoteller911.org](mailto:911training@elpasoteller911.org)

X \_\_\_\_\_

**Signature**

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**DATE**

X \_\_\_\_\_

**Printed Name**

X \_\_\_\_\_

**Agency**