

Clinical Indications:

- Severe arterial or venous bleeding from an open wound.
- Bleeding unable to be controlled by direct pressure, wound packing or pressure dressing.

Hemostatic Agent (Celox):

- Celox will clot arterial venous bleeding, anticoagulated blood and bleeding in hypothermic patients.

Procedure:

1. Identify the source of bleeding.
2. Attempt to use direct pressure and pressure bandage first.
3. Wipe or blot away excess blood from in or around the wound.
4. Open the package and pour the entire contents of the bag (35 grams, if space provides) into the wound.
5. The hemostatic agent should directly contact the source of bleeding, formation of a "crust" above the bleeding site may allow continued bleeding that is not visible.
6. If the wound is deep, pack the wound with sterile gauze.
7. Hold direct pressure on the wound with a bandage for 5 minutes.
8. If bleeding persists, consider placing more agent into the wound and continue holding pressure for another 5 minutes.
9. When the bleeding has stopped, bandage the wound and apply a pressure dressing and continue to monitor for re-bleeding.
10. Keep the wound dry, water or saline will break down the agent.

Tourniquet:

- The Special Operations Forces Tactical Tourniquet (SOFTT) is the approved tourniquet for use.

Procedure:

1. Expose and confirm bleeding is coming from an extremity.
2. Prepare tourniquet according to manufacturer's guidelines.
3. Place tourniquet just proximal to the wound, avoiding any extremity joints.
4. Tighten the tourniquet by turning the windlass until the bleeding stops and secure the windlass.
5. Visibly write the time of application on the patient's skin or tourniquet.
6. Consider utilizing a hemostatic agent if not done so.
7. Consider packing the wound with sterile gauze and bandage and keep the wound dry.
8. EMT-P consider pain management.

Releasing the Tourniquet (EMT-P only):

1. Releasing the tourniquet should only be considered if or will be applied for 150 minutes or longer.
2. Do not release the tourniquet if complete amputation, can not monitor for re-bleeding or the tourniquet has been in place for greater than 6 hours.
3. IV / IO access and cardiac monitor must be in place.
4. Apply hemostatic agent to wound.
5. Pack the wound or hold firm direct pressure for at least 5 minutes.
6. Gently release the tourniquet and monitor for re-bleeding.
7. Re-tighten tourniquet for re-bleeding.
8. Document the time the tourniquet was removed.
9. Leave hemostatic agent in place and bandage wound and keep the wound dry.

Certification Requirements:

- All levels