

CONTROL OF SEVERE BLEEDING

Adult blood volume is approximately 10-12 pints of blood. The loss of more than 10% is dangerous. The body cannot compensate* for much more than this amount without going into shock. Further blood loss and untreated shock will lead to death.

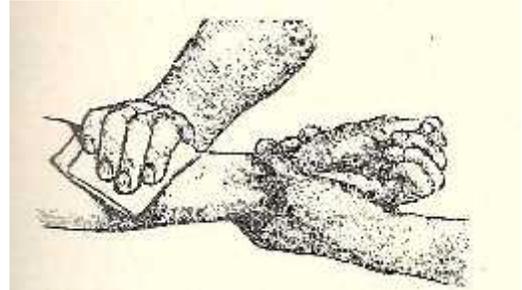
It may be hard to estimate blood loss under field conditions because the blood may soak into the soil.

Arterial bleeding is bright red spurting blood and will always lead to shock and death in a few minutes unless controlled immediately. Immediate action must be taken to prevent death.

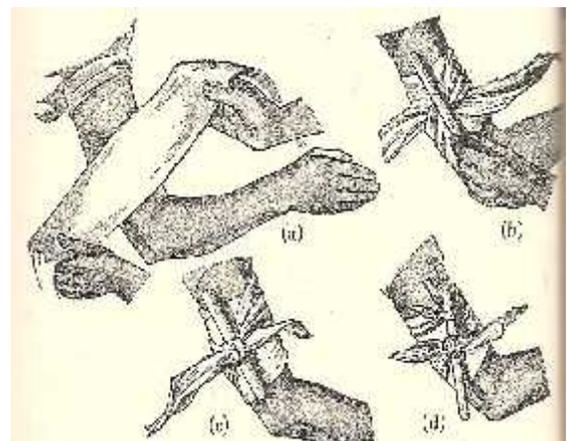
Bleeding from veins flows and is darker red. It is less dangerous, but if left uncontrolled or from multiple wound can lead to shock and death. A thorough examination of all trauma victims to identify and control all sources of bleeding is required.

Methods of Severe Bleeding Control

1. Apply direct pressure over the wound with the bare-hand, cloth or a bandage/dressing. Do not take time to get a sterile dressing when arterial bleeding is observed. Maintain pressure! Keep adding dressings if they soak through, but do not remove the soaked dressings.



2. Evaluate the wounded extremity to reduce blood flow.
3. If available, apply chemical blood stopping devices such as Celox, BleedArrest, or QuickClot.
4. **If direct pressure fails to stop the bleeding or the patient must be moved or move on his/her own apply a tourniquet as show below .** They are seldom needed below the elbow or knee. Be sure it is visible and mark TK and the time applied in the victim's forehead.

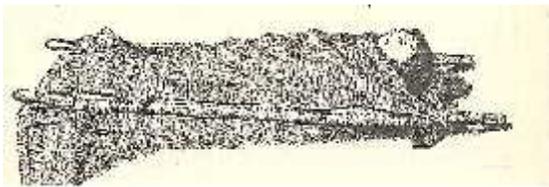


5. After bleeding is controlled, the injured extremity should be splinted to prevent further bleeding, even if no fracture is present

Treating for Shock

In all cases of severe bleeding treat for shock even if signs are not immediately present. Signs of hypovolemic shock include: anxiety, weak rapid pulse, cold wet skin, sweating, paleness, thirst, nausea, and lusterless eyes. See illustration #3.

1. Keep the patient supine and calm
2. Keep the patient warm, but not too warm
3. Elevate the patient's legs 12 – 18 inches
4. Do not give food or drinks because of nausea
5. Maintain airway and observe level of consciousness
6. Be ready to turn the patient if vomiting is present



Caution: never remove knives or other impaling objects as they may be the only thing preventing severe blood loss.

Caution: Blood may carry communicable diseases. Wearing latex gloves, a facemask and eye protection is recommended. Taking the time to put on this protection is a personal decision.

While sterile bandaging and infection control are important in wound management they are secondary considerations where immediate life threatening bleeding is present.

If the patient is fully conscious and evacuation will be many hours or days away a rehydration solution 8 tsp. of sugar, 1 ts of salt. to 1 liter of water given in small 4 oz drink every hour may be beneficial.

**Compensation maintains blood pressure through increased heart rate and vascular constriction.*

The above information is provided for information only. The provider is not responsible for any harm resulting from the proper or improper use of any technique or action described herein.

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