

DRAFT: Florida Standardized Tourniquet Protocol, January 28, 2009

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1. **Setting:** pre-hospital and hospital
2. **Indications for tourniquet use:** to stop bleeding when
 - a. Life-threatening limb hemorrhage is not controlled with direct pressure or other simple measures, as may occur with a mangled extremity.
 - b. Traumatic amputation has occurred.
3. **Application:** Combat Application Tourniquet (CAT)
 - a. Placement
 - i. Expose the extremity by removing clothing in proximity to the injury.
 - ii. Place directly over exposed skin at least 5 cm proximal to the injury.
 - iii. Route the self-adhering band around the extremity.
 - iv. Pass the band through the outside slit of the buckle.
 - v. Pull the self-adhering band tight.
 - vi. Twist the rod until bright red bleeding stops.
 - vii. Lock the rod in place with the clip.
 - viii. Record the date/time of application on the tourniquet.
 - b. Evaluation
 - i. The tourniquet is effectively applied when there is cessation of bleeding from the injured extremity, indicating total occlusion of arterial blood flow.
 - ii. Any preexisting distal pulse should be absent at that time as well.
 - c. Tourniquet time and removal
 - i. Tourniquets should be removed as soon as possible under conditions where the hemorrhage can be directly controlled.
 - ii. Tourniquet placement must be communicated in patient reports for all pre-hospital to hospital and inter-hospital transfers.
 - iii. Tourniquet time > 6 hours is associated with distal tissue loss
4. **Training:** Appropriate tourniquet use requires initial and annual renewal training with skill demonstration.