



HEMORRHAGE CONTROL INTRODUCTION

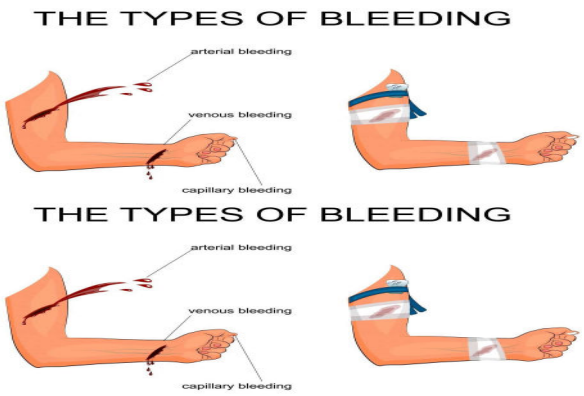
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Thanks, Missah. Let's begin with a brief introduction on hemorrhage control. Much of this was discussed in the earlier chapter on bleeding and shock. You may want to review that lesson.

After this intro, you should have a basic understanding of (a) the types of external hemorrhage, (b) various components of bleeding control, and (c) your personal safety in these situations.

Types of External Hemorrhage

- Bleeding can be categorized in two ways:
  - ✓ Minor bleeding that is easily controlled
  - ✓ Bleeding that is potentially life-threatening and not easily controlled



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So, Bleeding can be categorized in two ways: 1. Minor bleeding that is easily controlled; and 2. Bleeding that is potentially life-threatening and not easily controlled

Now, let us discuss the Types of Bleeding. We need to be aware of the location, severity, and source.

External Bleeding Occurs outside of the body, after a force penetrates the skin, and lacerates or destroys underlying blood vessels. It is typically visible on the surface of the skin.

Hemorrhage is often referred to as severe bleeding. It could refer to internal or external bleeding. It is a major cause of hypoperfusion in trauma.

And the third item to consider is the source of the bleeding. The source or type of blood vessel could be arterial, venous, or capillary.

Consequently, how much a person bleeds is determined by: (a) The Size and severity of the wound, (b) The Size and pressure of the ruptured vessel, and (c); The Individual's ability to clot.

Hemorrhage Control

- Uncontrolled extremity hemorrhage is a cause of preventable death
- A femoral artery and/or vein disruption can lead to the loss of one's complete blood volume within 3 minutes



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We know that uncontrolled extremity hemorrhage can be a cause of preventable death. An adult heart pumps blood at five to six liters per minute. Depending on what artery is involved, or what we call feeding the bleed, determines how quickly a patient will suffer blood loss.
With an artery such as the dorsalis pedis, you have only a few moments to apply the tourniquet before the patient will bleed to death.
And a femoral artery or vein disruption can lead to the loss of one's complete blood volume within 3 minutes.
With a femoral or carotid bleed, expect the patient to go unresponsive in a minute or less from the sudden drop in blood pressure, secondary to hypoperfusion.

Hemorrhage Control | Components of Bleeding Control

- Direct Pressure
- Wound Packing
- Pressure Dressing
- Tourniquet Application



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The four Components of Bleeding Control are, Direct Pressure, Wound Packing, Pressure Dressing, and if needed, Tourniquet Application.
These steps should be performed in this exact order. If you can control the bleeding there is no need to move onto more aggressive treatment.

Personal Safety

- As with the provision of any medical care, appropriate measures should be taken to reduce provider exposure to blood
- Appropriate PPE for the care of injured persons includes that which is necessary to adequately isolate the provider from direct contact with blood
- Minimum PPE includes gloves and eye protection. Additional protective items may be necessary as the situation dictates



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Always keep Personal Safety your top priority. As with the provision of any medical care, appropriate measures should be taken to reduce provider exposure to blood. Appropriate PPE for the care of injured persons should be whatever is necessary to adequately isolate the provider from direct contact with a patient's fluids. Minimum PPE includes gloves and eye protection. Additional protective items may be necessary as the situation dictates.

Direct Pressure

- Use your hand or fingers
  - ✓ Use two hands, if possible
- Effective most of the time for external bleeding
  - ✓ Direct pressure can stop even major arterial bleeding
- To be effective, apply pressure with the victim on a firm surface to provide support
- Don't release pressure to check the wound



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When applying direct pressure, use your hand or fingers. Use two hands if possible. Direct pressure is effective most of the time for external bleeding and can stop even a major arterial bleed.
To be most effective, apply pressure with the victim on a firm surface to provide support.
Be sure not to release pressure to check the wound. Depending on the severity, use the weight of your body to lean into the wound when needed.
Finally, do not be concerned about hurting the patient with the pressure. The priority here is stopping that bleed, not the patient's immediate comfort.
That's it for the introduction. Missah will join you next to discuss Wound Packing.
Good Studying.