

E6 BLEEDING

KEY QUESTIONS	PRE ARRIVAL INSTRUCTION
Severe Bleeding? Spurting or Flowing?	Apply continuous direct pressure, elevate the affected part if it will not aggravate the injury.
Breathing Normally?	If not breathing normally AND unconscious start CPR .
Amputated parts?	If possible and safe to do so, locate amputated parts and advise responders.

INCIDENT TYPES	
Minor Bleeding - fingers, toes, minor scrapes, abrasions, punctures and lacerations. (Includes catheter bleeds, and rectal bleeding, AND nose bleeds)	BLEED F
Major Bleeding - Possibly Dangerous - Uncontrolled bleeding or not alert - Any bleeding that cannot be stopped by continuous direct pressure. Including any open fracture.	TRAU F
Police requesting evaluation, transport likely	Code to nature of chief complaint
Police requesting evaluation, transport not likely	EVAL F

SECONDARY QUESTIONS	PRE ARRIVAL INSTRUCTIONS
Nausea or Vomiting?	Turn patient on left side
Impaled object?	DO NOT remove, Stabilize in place
Nose Bleed?	Pinch Nose closed on lower third of the nose, sit patient up and tilt head forward. Maintain direct pressure on the nose. Try to avoid having the patient swallow blood.
Is the patient on any blood thinners?	Advise responders
Related PAI Cards	Injuries Assault

CALL BACK IF ANYTHING CHANGES

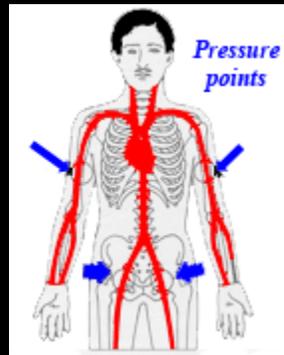
SUPPLEMENTAL INFORMATION

Types of bleeding

- Venous - Dark red, oozing
- Arterial - Bright red, spurting
- Non-traumatic - rectal or vaginal bleeding, vomiting or urinating blood

Control methods

Direct continuous pressure
Elevation
Pressure points
Tourniquet - Last resort, avoid use



Special Wounds:

- Impaled foreign objects: Do Not remove object, apply direct pressure around the object to control bleeding, stabilize the object.
- Sucking chest wounds: (Open wound to the chest with air moving in and out) Sitting position, cover wound to seal, maintain airway, If left untreated it can develop a tension pneumothorax.
- Avulsion / amputation: control bleeding, recover amputated body parts.