OBJECTIVE: To characterize the adoption of routine battlefield medical techniques (tourniquets, hemostatic agents, and tactical combat casualty care into civilian prehospital trauma care and to identify the barriers to their use in the state of California through anonymous electronic survey of local emergency medical services agency (LEMSA) directors.

RESULTS: The response rate for this survey was 50% (14/28). The majority of LEMSA directors (86%) were emergency medicine physicians. Tourniquets were used by 57% of respondents. The top three reasons cited for not using tourniquets included different injury patterns in civilian trauma, no proven benefit of use, and increased risk of complications. Hemostatic agents were used even less frequently in civilian practice (7%) but had similar barriers to use. Only 36% of LEMSA directors use tactical combat casualty care with tactical emergency medical services, but when used, respondents had higher usage of tourniquets. Overall lack of training, no proven benefit, and expense were the reasons cited for not incorporating military medical techniques.

CONCLUSIONS: Tourniquets, hemostatic agents, and tactical medical care are the integral components of battlefield medicine and have been lifesaving in these settings. The barriers to this transition are multifactorial. Physicians familiar with these technologies should become advocates for their integration in civilian trauma patient care.