



Bleeding Control Skill Stations

The skill stations for the Bleeding Control course are:

1. Single Skill Station: Tourniquet Application
2. Single Skill Station: Wound Packing/Hemostatic Agent
3. Single Skill Station: Trauma Jaw Thrust

The instructor should provide a demonstration of each skill and each participant should be afforded an opportunity to perform the skill.



SINGLE SKILL STATION

Tourniquet Application

Teaching Instructions

Give a demonstration and overview of each procedure, and answer any questions the participants may have. After each demonstration, allow participants to practice the skill under supervision and provide individual instruction and help to participants as needed.

Participants should perform the skills while observing proper standard precautions and while performing other proper safety and performance techniques. Simple verbalization describing the proper performance of the skill by the participants is not considered to be acceptable practice.

Introduction

The purpose of this skill station is to allow the participants an opportunity to apply an approved tourniquet in a classroom setting. Approved tourniquets include the Combat Application Tourniquet (CAT) and the SOF-T Tourniquet.

Equipment List

- Tourniquet—1 per student
- Disposable gloves (large, medium, small)—1 box of each size

Tourniquet Application

Objective

At the completion of this skill station, the participants should be able to:

1. Demonstrate the proper application of an approved tourniquet

Demonstrated Skills by the Participants

1. Rapid application of an approved tourniquet to the upper extremity
2. Rapid application of an approved tourniquet to the lower extremity

Note: The tourniquet application steps described below presume use of the CAT device. These steps will need to be modified as appropriate for the SOF-T Tourniquet.

C.A.T. Tourniquet Application to the Arm

1. The provider inserts the wounded extremity through the loop of the self-adhering band. The provider positions the tourniquet above the wound, leaving approximately 2 inches of uninjured skin between the tourniquet and the wound.



2. The provider pulls the free end of the tourniquet as tightly as possible and secures the free running end of the self-adhering band tight by fastening it back on itself. The provider does not adhere the band past the windlass clip.



3. The provider twists the windlass rod until the bleeding stops. The provider locks the windlass rod in place with the windlass clip.



4. When the situation permits, the provider ensures the distal pulse is no longer palpable. For smaller extremities, the provider continues to wind the self-adhering band across and into the windlass clip.



5. For added security and always before moving the patient, the provider secures the windlass rod and self-adhering band with the windlass strap.



C.A.T. Tourniquet Application to the Leg

1. The provider wraps the self-adhering band around the extremity and reinserts it into the friction adapter buckle. The provider positions the tourniquet above the wound, leaving approximately 2 inches of uninjured skin between the tourniquet and the wound.



2. The self-adhering band must be routed through both sides of the friction adapter buckle and fastened back on itself (first through the inner most slot and then through the outer slot of the friction buckle). This will prevent it from loosening when twisting the windlass clip. The provider pulls the free end of the tourniquet as tightly as possible and secures the free running end of the self-adhering band tight by fastening it back on itself.



3. The provider twists the windlass rod until the bleeding stops. The provider locks the windlass rod in place with the windlass clip.



4. When the situation permits, the provider ensures the distal pulse is no longer palpable. For added security and always before moving the patient, the provider secures the windlass rod with the windlass strap.



SOF-T Tourniquet Application to the Arm

1. The provider inserts the wounded extremity through the loop of the tourniquet. The provider positions the tourniquet above the wound, leaving approximately 2 inches of uninjured skin between the tourniquet and the wound.
2. The provider pulls the free end of the tourniquet as tightly as possible and secures the free running end of the tourniquet in the alligator clamp.
3. The provider twists the windlass rod until the bleeding stops. The provider locks the windlass rod in place with one of the triangular shaped rings.
4. When the situation permits, the provider ensures that the distal pulse is no longer palpable.
5. The provider secures the strap of the tourniquet by tightening the thumb screw located on the alligator clamp.

SOF-T Tourniquet Application to the Leg

1. The provider wraps the strap of the tourniquet around the extremity and reinserts it into the alligator clamp. The provider positions the tourniquet above the wound, leaving approximately 2 inches of uninjured skin between the tourniquet and the wound.
2. The provider pulls the free end of the tourniquet as tightly as possible and secures the free running end of the tourniquet in the alligator clamp.
3. The provider twists the windlass rod until the bleeding stops. The provider locks the windlass rod in place with one of the triangular shaped rings.
4. When the situation permits, the provider ensures that the distal pulse is no longer palpable.
5. For added security and always before moving the patient, the provider secures the tourniquet strap by tightening the thumb screw on the alligator clamp.

Instructor Notes

Monitor the distal pulse on the volunteer patient, and prompt the participant to remove the tourniquet when it is no longer palpable. Use care to not let the participant overtighten the tourniquet on the volunteer patient and to not leave the tightened tourniquet in place too long. If pain becomes too severe, discontinue the tourniquet application.

SINGLE SKILL STATION

Wound Packing/Hemostatic Agent

Introduction

The purpose of this skill station is to allow participants an opportunity to pack a wound and use a hemostatic agent or gauze packing in combination with direct pressure in a classroom setting.

Equipment List

- Wound packing model
- Gauze rolls for packing (plain gauze is acceptable and will simulate a hemostatic agent)
- Disposable gloves (large, medium, small)—1 box of each size

Wound Packing

Objective

At the completion of this skill station, the participants should be able to:

1. Demonstrate the proper packing of an open wound with hemostatic agent or plain gauze to provide hemorrhage control

Demonstrated Skills by the Participants

1. Packing of an open wound and application of direct pressure

Wound Packing

1. The provider exposes the injury by opening or cutting away the patient's clothing.



2. If possible, the provider removes excess blood from the wound while preserving any clots that may have formed. The provider identifies the source of the most active bleeding.



3. The provider removes the hemostatic agent or plain gauze from its sterile package and packs it tightly into the wound directly over the site of the most active bleeding. More than one gauze roll may be required to control the hemorrhage.



4. The provider applies direct pressure over the wound and packing with enough force to stop the bleeding. The provider holds direct pressure for a minimum of 3 minutes (if using a hemostatic agent) or 10 minutes if using plain gauze.



5. After the required amount of time for application of direct pressure has elapsed, the provider reassesses for bleeding control. Additional packing may be placed as necessary to stop any continued bleeding. The provider leaves wound packing in place and secures it in place with a pressure dressing.



SINGLE SKILL STATION

Trauma Jaw Thrust

Introduction

Airway management and breathing are among the highest priorities when treating a trauma patient. Lack of quality airway management can lead to increased patient mortality and morbidity.

Equipment List

- Disposable gloves (large, medium, small)—1 box of each size

Trauma Jaw Thrust

Objectives

At the completion of this skill station, the participants should be able to:

1. Demonstrate the manual technique of the trauma jaw thrust to open a trauma patient's airway while maintaining manual stabilization and neutral alignment of the patient's head and neck

Demonstrated Skills by the Participants

1. Trauma jaw thrust

Trauma Jaw Thrust

1. Manual neutral in-line stabilization of the head and neck is maintained while the mandible is moved anteriorly. This maneuver moves the tongue forward, away from the hypopharynx, and holds the mouth slightly open. From a position above the patient's head, the provider positions his or her hands on either side of the patient's head.
2. The provider places their thumbs on each cheekbone just below the patient's orbits.

3. With the remaining fingers pointing toward the patient's feet, the fingers (particularly the index and long fingers) are placed across the face and down, behind the angle (bend) of the patient's mandible (jawbone).



4. Gentle, equal pressure is then applied with these digits to move the patient's mandible upward toward the ceiling while the thumbs provide counterpressure to prevent the head from moving.

