

Using Tourniquets in the Prehospital Care setting



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Context

Applying tourniquets in the Prehospital setting can be hugely effective, however the majority of clinicians and responders have very limited experience in their use. This has led to some reports of inappropriate/incorrect tourniquet use, the following information is a reminder of some of the key points to consider when using these devices.

Indications

Joint Royal Colleges Ambulance Liaison Committee (JRCALC) 2020

In cases of Catastrophic Haemorrhage apply a tourniquet on the limb **as low as possible** proximal to the bleeding point - If bleeding **NOT** controlled apply a second tourniquet **ABOVE** the first.

Catastrophic Haemorrhage definition: "Extreme bleeding likely to cause death in minutes"

Considerations

Faculty of Pre Hospital Care (FPHC) Position statement 2017

Tourniquets should only be used as a last resort after other stepped measures have failed, except in complete traumatic amputation where a tourniquet should always be applied.

Steps

1. Apply as rapidly as possible
2. Apply directly to the skin to prevent slippage
3. Place as distally as possible above the wound, (including over the lower leg and the forearm), to preserve the maximum amount of salvageable tissue
4. Apply tightly enough to arrest haemorrhage

Effectiveness of the tourniquet will be determined by the cessation of external haemorrhage, and not by the presence or absence of a distal pulse.

If ineffective the tourniquet should be tightened or a repositioned.

Summary

Prehospital use of tourniquets is rare, but can be extremely effective when used correctly
Up to 2 x tourniquets should be used, **placed as close to the wound as possible** and **remaining visible** at all times – remember to use appropriate **analgesia**
Incorrect use can negatively affect the amount of salvageable tissue, subsequently impacting on surgical interventions and patient recovery and rehabilitation.