FIELD MEDICAL ASSISTANT COURSE (FMAC)

MODULE 09:

CIRCULATION / HEMORRHAGE CONTROL

TACTICAL FIELD MEDICAL AID (TFMA)

ROLE-BASED TRAINING SPECTRUM

ROLE 1 CARE

NONMEDICAL PERSONNEL

- Buddy First Aid
- Field Medical Assistant

You are HERE

MEDICAL PERSONNEL

- Paramedic
- Nurse
- Doctor

STUDENT LEARNING OBJECTIVES

TERMINAL LEARNING OBJECTIVE

T10 Given a combat or noncombat scenario, perform haemorrhage control during Tactical Field Care in accordance with TFMA Guidelines

EO59 Identify the principles of wound packing and applying pressure bandages

EO60 Demonstrate wound packing and applying a pressure bandage

EO61 Identify progressive strategies, indications, and limitations of controlling external hemorrhage in Tactical Field Care

EO62 Identify the signs, symptoms, and considerations of a pelvic fracture

Three PHASES of TFMA

1 CARE UNDER FIRE

RETURN FIRE
AND TAKE COVER

Quick decision-making:

- Consider scene safety
- Identify and control life-threatening bleeding
- Move casualty to safety

2 TACTICAL FIELD CARE

COVER AND
CONCEALMENT

Basic Management Plan:

- Maintain tactical situational awareness
- Triage casualties as required
- MARCH PAWS assessment

YOU ARE HERE

3 TACTICAL EVACUATION CARE (TACEVAC)

More deliberate assessment and treatment of unrecognized life-threatening injuries:

- Pre-evacuation procedures
- Continuation of documentation

NOTE: This is covered in more advanced TFMA training!

TACTICAL FIELD CARE

MARCH PAWS

DURING LIFE-THREATENING

MASSIVE BLEEDING #1 Priority

AIRWAY

RESPIRATION

CIRCULATION

HYPOTHERMIA / **H**EAD INJURIES

AFTER LIFE-THREATENING

PAIN

ANTIBIOTICS

WOUNDS

SPLINTING

HEMORRHAGE CONTROL IN TFC

HEMORRHAGE CONTROL IN TACTICAL FIELD CARE

Video can be found on DeployedMedicine.com

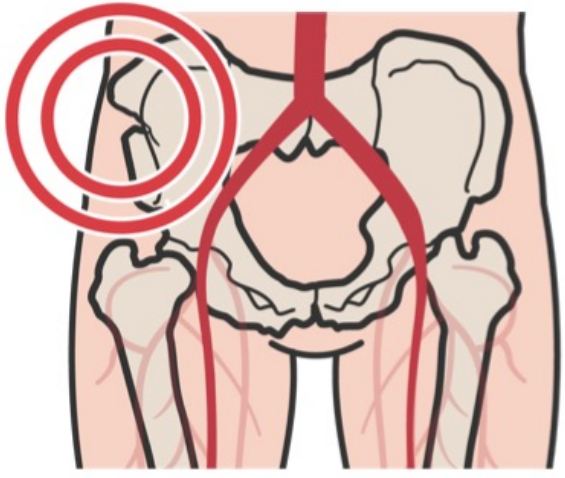
HEMORRHAGE CONTROL

PELVIC FRACTURES

Pelvic fracture may be **suspected** if the casualty's injuries are a result of blunt force or blast with **ONE OR MORE** of the following:

Physical signs suggesting a pelvic fracture:

- **Pelvic pain**
- Major lower limb **amputation OR** lower **near amputations**
- Deformities, penetrating injuries, bruising near the pelvis
- **Pelvic instability** or **crepitus** (crinkly or grating feeling or sound under the skin)
- **Unconsciousness** or **shock**

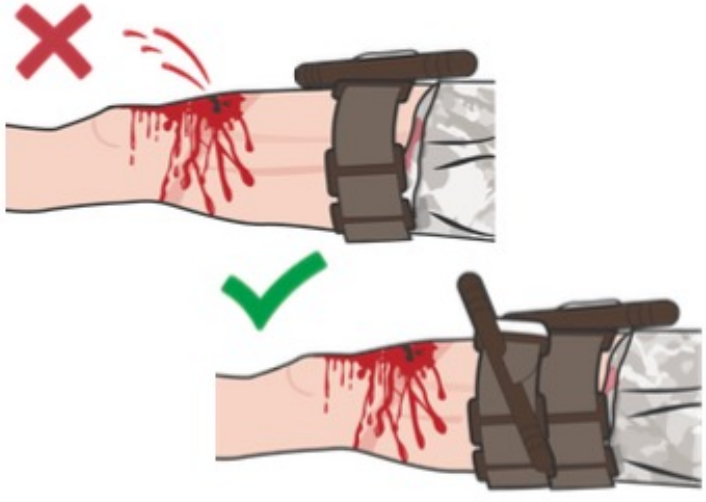


If a pelvic fracture is **suspected**, the casualty **WILL REQUIRE** advanced evaluation by **medical personnel**

HEMORRHAGE CONTROL

REASSESSMENT

- Reassess all **PREVIOUS** **and** **CURRENT** hemostatic dressings applied and ensure they are tight and effective
- If **ineffective**, apply a **second TQ** **side-by-side** with the first
- Reassess all **PREVIOUS** **and** **CURRENT** **hemostatic dressings applied** for **effectiveness**
- If you placed a TQ above a casualty's elbow, for instance, you should expect to ***find no pulse*** at the wrist below if the TQ was properly applied



HEMORRHAGE CONTROL

STRATEGIES AND LIMITATIONS

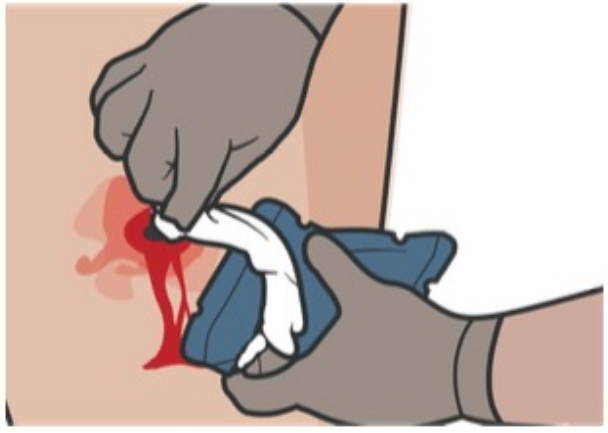
EARLY CONTROL OF SEVERE HEMORRHAGE IS CRITICAL

- CoTCCC-recommended hemostatic dressings are to be applied **directly**
- **to the skin** in **TFC 2-3 inches above the bleeding site**
- Casualty's hemorrhage control interventions **must be FREQUENTLY**
- **REASSESSED** to ensure continued hemorrhage control

DO NOT EVER APPLY IT AND FORGET IT!

HEMORRHAGE CONTROL

WOUND PACKING AND PRESSURE DRESSING



- Identify the **exact source** of bleeding
- **Pack** the wound

Apply direct pressure for
3 MINUTES

- **Secure** the bandage
- If the bandage has a pressure bar, p**ull the bandage TIGHT**, and reverse it back over the top of the pressure bar, **forcing it down** onto the pad

HEMORRHAGE CONTROL

WOUND PACKING

KEEP PRESSURE

- Identify the **exact source** of bleeding and **APPLY direct pressure** as a **temporary** measure **UNTIL** gauze is placed
- Pack the wound **maintaining CONSTANT** direct pressure at the source of bleeding within **90 SECONDS** to be effective
- **HOLD** direct pressure on the gauze over the wound for at least **3 MINUTES** (**this is necessary**, even with the active ingredient in hemostatic dressings)
- When packing a large wound, more than one hemostatic gauze and/or **additional** gauze may be **needed**
- Carefully **observe** to determine if bleeding has been **controlled**

Once you are sure the bleeding has **stopped**, apply a pressure bandage

3 MINUTES

HEMORRHAGE CONTROL

PRESSURE BANDAGE REASSESSMENT

Key Points:

- Check for **circulation BELOW** the pressure bandage by **feeling for distal pulse** (a pulse below the bandage)
- If the **skin BELOW** the pressure bandage becomes cool to the touch, bluish, or numb, or if the **pulse** below the pressure dressing is **no longer present**, the pressure bandage may be **too tight**
- If circulation is **BLOCKED** or **STOPPED**, **loosen** and retie the bandage
- Dressings and bandages should be **reassessed** and checked **routinely** and **EVERY TIME a casualty is moved**

HEMORRHAGE CONTROL

IF THE PRESSURE BANDAGE IS INEFFECTIVE

- **If** the pressure bandage or hemostatic dressing is **ineffective**, **APPLY a hemostatic dressing 2-3 inches above** the bleeding site
- **If** the pressure bandage is **ineffective AND/OR blood soaked, REPLACE** pressure dressing with **hemostatic dressing**
- Pack the wound, **maintaining CONSTANT** direct pressure at the source of bleeding within **90 SECONDS** to be effective

PRESSURE BANDAGE

PRESSURE BANDAGE

Video can be found on DeployedMedicine.com

SKILL STATION

Circulation/Hemorrhage Control (Skills)

- Wound Packing With Hemostatic Dressing and Pressure Bandage

SUMMARY

- If not already done, **clearly mark ALL TQs** with the **time** of TQ application and document that on the **Casualty Card**
- Check for radial pulse
- Assess for shock

CHECK ON LEARNING

- During Circulation in the MARCH PAWS sequence, what interventions should be reassessed?
- What are the signs and symptoms of a pelvic fracture?

ANY QUESTIONS?