

Wound Packing – Hemostatic Gauze

Applies to:

| | |
|---|-----------|
| E | EMT |
| P | Paramedic |

Clinical Indications:

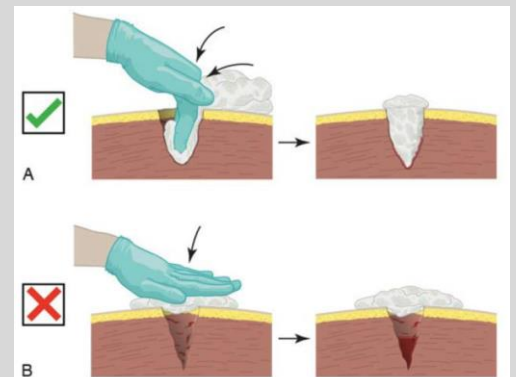
1. Patients with severe wounds in critical vascular areas that not amenable to tourniquet use or pressure dressing alone:
 - a. Femoral triangle; and
 - b. Anterior triangle of the neck.
2. Severe wounds of the limbs, shoulders and hips.

Contraindications:

1. Wounds of the abdomen, chest, or open skull fractures.

Procedure:

1. Expose the wound and identify the bleeding:
 - a. Open clothing around the wound.
 - b. Remove excess pooled blood from the wound while preserving any clots already formed in the wound.
 - c. Locate the source of the most bleeding.
2. Pack the wound completely:
 - a. Pack gauze tightly into the wound and directly onto the source of bleeding. More than one gauze may be needed.
 - b. Use one gloved hand to feed gauze and the other to maintain pressure and hold the gauze in place.
 - c. Use gloved fingers to maintain pressure and hold gauze. Proper technique will allow for continuous pressure.
 - d. Be cautious of sharp fracture edges and foreign bodies when packing wounds.
 - e. Apply and hold direct, firm pressure.
 - f. Reassess bleeding while holding continuous direct, firm pressure.
3. Apply a pressure dressing to provide ongoing pressure and secure the wound packing in place.
4. Transport and monitor. Do not remove the bandage or gauze.
5. Notify receiving hospital staff that wound is packed with hemostatic gauze, location of wound, and time of wound packing.



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