

Austere Hemorrhage Management

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Why

- Because bad things can happen in bad places.
- Wilderness Adventures/ Maritime settings
- Military/ Mass Casualty
- Accidents/ Attacks
- Remote clinical settings
- The best transfusion is keeping the pt blood in his body

Extremity trauma

- Amenable to pressure dressings and TQ.
- Retrograde circulation
- 2 bones in forearm and lower leg.

Trunk and head trauma

- Not able to use a TQ
- Pressure dressings can be difficult to maintain
- Potential for internal bleeding, respiratory or GI issues
- Dont be "that guy" that packs 4 rolls of kerlex into a lung.

Tools in the tool box

- The fine art of Pressure dressings
 - look, feel, use the bone.
 - Pyramid, mass, wrap- do not make a venous cuff
- TQ high and tight vs precise, possibly more than one
- Hemostatic agents
- TXA and FWB
- Repeat physical exam frequently

Improvised tools

- Knit fabrics vs woven - t shirt
- Windlass vs Wrap vs 2:1
- Improvised TQ options
- Hartford, TCCC say I'm wrong. Why?

Difficult dressings

- Inguinal
- Armpit
- Neck/head

Meds

- Acetaminophen
- Meloxicam
- Narcotics/ketamine increases TQ compliance
- TXA

Prolonged care

- TQ removal protocol
 - Pt, environment and medic all stable
 - 30 min - 2 hrs is the goal
- Improvised wound care
 - Irrigation
 - Wet to dry

Discussion

- We don't rise to the level of our expectations, we fall to the level of our training. —————
Archilochos

Knowledge weighs nothing in a rucksack
Improvisation is not the primary plan but when you
need to improvise having a plan is better than not
having a plan.
Otherwise,
All bleeding stops eventually
