Trauma. Stop the bleeding

Information materials (algorithms)

I. Stop the arterial bleeding for the help of a twine-spin

1. Put on rubber gloves
2. Put the patient on the couch
3. Prepare the area of the limb to overlay the tourniquet - protect the skin with a soft bandage from the bandage (you can also directly on the garment before having crushed its wrinkles).
4. Give the affected limb an elevated position.
5. Place the tow proximally wound on 5-8 cm (maximum 10 cm).
6. After placing the tourniquet on the limb, slip the strap into the clamp, tighten it to the stop and fix the free part of the strap using the Velcro fastener.
7. Conduct rotation of the rod-lock to stop the bleeding.
8. Secure the locking rod in a special bracket.
9. Secure the bracket with Velcro
10. Record the time of laying the harness (hours, minutes) on the jute. Before time, write the capital letter "T" (turnstile, time), which is a signal to the staff that the wound has a tourniquet attached.
11. Check the absence of pulse on the peripheral artery of the affected limb
12. Make sure that the tourniquet is not attached to the joint, to the place of the bone fracture. Try not to apply a tourniquet in the middle third of the shoulder and in the region of the popliteal area - there is more likely damage to the nerves.

NB! The jacket is not superimposed on the middle third shoulder and in the upper third of the shin - the risk of injury to the cavity and tibia nerves.

II. Stopping arterial bleeding with a digital artery press

1. Put on rubber gloves
2. Give the patient a horizontal position.
3. Have a temporary arterial bleeding stop:
   3.1. When bleeding from a.femoralis:
   - Situation of the victim on the back
   - Fingers determine the ripple a.femoralis at a point that corresponds to

the border of the middle and the inner third of the inguinal ligament.
● Press the artery with your fist or finger to the horizontal branch of the lumbar bone.
3.2. When bleeding from a.poplitea:
● Situation - on the stomach
● Second - place the fifth fingers on the middle of the popliteal fossa;
● Using the second arm, grab the trunk of the victim and bend the leg in the knee at about 120 °;
● Press the popliteal artery to the head of the tibia.
3.3. When bleeding from a.brachialis:
● Situation of the victim on the back
● Grab your forearm with your right hand and raise it upward, bending your arm in the elbow approximately at an angle of 80 °;
● Grab the victim's shoulder with his left hand so that the first to fourth fingers are on the inner furrow of the two-headed muscle of the shoulder, and the thumb on the opposite side of the shoulder;
● Fourth fingers of the left arm press the brachial artery to the humerus.
3.4. When bleeding from a. carotis communis:
● Position - on the back, without a pillow.
● Return the victim's head to the opposite side of the wound;
● Put the first finger of the brush in the middle of the inner edge of the sternoclavicular musculoskeletal muscle (projection of the upper edge of the thyroid cartilage);
● Place the second and fifth fingers of the same brush on the back of the neck;
● Press the first finger towards the spine, pressing the carotid artery to the sleepy tubercle of the lumbar spine of the sixth cervical vertebra.

4. Assess the effectiveness of stopping the bleeding - the bleeding stopped.

III. Stopping venous bleeding with the help of a strapping band

1. The situation of the victim - on the back or sitting in a comfortable position for him
2. Position of the rescuer - next to see the face of the patient (to see if he does not hurt) and the whole dressing surface
3. Put on rubber gloves
4. Give the extremities of the raised position using a roller-pillow.
5. Cover the wound with a sterile napkin, on top of which the pressure element (undiluted bandage)
6. Apply a circular bandage, exercising maximum pressure on the wound:
   ● The free end of the bandage is taken in the left hand, and downloaded its part to the right.

● Spread the bandage around the limb from left to right (clockwise), grabbing the first two turns (rounds) at the end of the bandage and holding each round with a free left hand.
● The first two rounds of bandage must completely cover each other to secure the end of the bandage well, and each subsequent turning must partially cover the previous, fixing it.
● The last 2 rounds of bandage, as well as the first two, are superimposed on each other, then the bandage is cut along, tie the knot at both ends (it is not necessary to break the bandage as one of the ends can break)

7. Evaluate the effectiveness of stopping the bleeding - no bleeding

IV. Immobilization of the upper limb with a pneumatic tire.

1. The pneumatic tire is extracted from the package. Untight the buckle and bring it under the injured upper limb (fixation place).
2. Upper limbs provide a comfortable physiological position - the shoulder is diverted to 50 ° and forward to 30 °, bend in the elbow by 90 °, fingers bend to 60 °.
3. The bus is driven in accordance with the position and contour of the fixed place. If necessary, the hand is fixed using a bandage through a healthy forearm so that no traumatic shock occurs.
4. Create a substrate of bandage, cotton wool.
5. Tire is fastened. It should be noted that the imposition of the lock does not involve the removal of clothing, footwear.
6. Open the valve by turning the air conduit counterclockwise.
7. Using a pump, inflate the tire and reverse the tube to close the valve.
8. It is necessary to observe the condition of the limb.
9. Check the warm fingers and evaluate the color of the skin - the presence of cyanosis. It is necessary for the prevention of circulatory disorders in the extremity
10. In the case of fractures of the bones, the forearm fixes 2 joints - elbow and ray wrists, for the shoulder - three joints: shoulder, elbow and ray wrists.
11. The patient is transported in a lying or sedentary position depending on the severity of the condition and the victim's injury.
12. When unlocking, open the valve, and then the release of the lightning from the upper limb is removed by unlatching the lightning.

V. Immobilization of the lower limb with a pneumatic tire.

1. The pneumatic tire is extracted from the package.

2. Unclip the buckle and bring it under the traumatized lower limb (place of fixation), necessarily from below or put the victim on the deployed tire with an injured lower limb.
3. The bus is driven in accordance with the position and contour of the fixed place.
4. Create a substrate of bandage, cotton wool.
5. To give the limbs an average physiological position - remove the thigh by 10 °, the leg bend in the knee joint by 10-15 °, the foot - by 90 °.
6. Tire is fastened. It should be noted that the imposition of the lock does not involve the removal of clothing, footwear.
7. Close the buckle.
8. Open the valve by turning the air conduit counterclockwise.
9. Using a pump, inflate the tire and reverse the tube to close the valve.
10. It is necessary to observe the condition of the limb.
11. Check the warm fingers and assess the color of the skin - the presence of cyanosis. It is necessary for the prevention of circulatory disorders in the extremity.
12. The tire must necessarily seize two joints in the shin bones (knee, ankle and foot) or three joints in femoral fractures (hip + knee and ankle-foot).

Constituted by the Department of Surgery, Faculty of Dentistry