Hemorrhage Control

According to the World Health Organization, traumatic injuries worldwide are responsible for over 5 million deaths annually. Post-traumatic bleeding caused by traumatic injury-associated coagulopathy is the leading cause of potentially preventable death among trauma patients.

Blood Loss Estimation
https://youtu.be/7wp_E8t__rc

Massive Hemorrhage & Shock
https://vimeo.com/876760011/52c70523d5?share=copy

Hemorrhage Control Tools
https://vimeo.com/878436782/dfc6197440?share=copy

Bandaging Skill Demonstration
https://youtu.be/Kiw0FYjVy08

Tourniquet Skill Demonstration
https://youtu.be/OkO4TKgrD-k

Hemostatic Agents

Some anatomic areas such as the neck, the groin, and the axilla contain large vascular structures that are not amenable to tourniquet placement. Bleeding from these areas is often termed junctional hemorrhage as it arises from vascular structures in the transition area between the torso and the extremities. A broader description of junctional hemorrhage is provided in the following section; but for the combat casualty, once care has entered the tactical field phase, better security and more time mean that additional hemorrhage control options become available. For junctional hemorrhage, these options often include a form of topical hemostatic agents and dressings. Combat Gauze is composed of rayon/polyester gauze that has been impregnated with kaolin, a white aluminosilicate. Kaolin is an inert mineral that promotes clotting by activation of factor XII (FXII) which in turn initiates the intrinsic clotting pathway via the activation of factor XI that ends with the formation of a fibrin clot. In addition, kaolin promotes the activation of platelet-associated FXI which initiates the intrinsic clotting pathway resulting in a clot.

Wound Packing Skill Demonstration
https://youtu.be/YA2XQ8faJ0Y

TXA
https://youtu.be/VRixEQzRuTA