INDICATIONS:
- All patients with open wounds

CONTRAINDICATIONS:
- None

NOTES:
- Expose the wound
- Clean wound(s) of loose foreign material
- Control bleeding by applying a dressing with direct pressure:
  - replace dressings only if they impede bleeding control (unnecessary removal of your initial sterile dressing may impede clotting process)
  - reinforce as required
- Elevate bleeding site in extremities if no fractures are present
- Primary and advanced care providers may consider the use of hemostatic dressing. Apply as per manufacturer’s directions
- Apply a tourniquet for bleeding that cannot be controlled by direct pressure:
  - use a wide bandage or other material that will not damage skin or soft tissue below it
  - place the tourniquet as close to the injury site as possible, but not over joints
  - locate the tourniquet above the knee for injuries to the lower leg
  - do not loosen or remove the tourniquet once applied
  - ensure the tourniquet is in open view
  - document the time the tourniquet was applied
- Assess distal circulation before bandaging
- Secure dressing ensuring entire wound is covered
- Assess for distal circulation after bandage is applied – adjust if required
- Amputation:
  - rinse severed body parts gently with sterile saline solution to remove gross debris
  - wrapped part in sterile saline soaked dressings
  - seal in a waterproof container and placed on ice
  - do not soak severed parts
- Sucking chest wound:
  - upon initial identification immediately cover the wound with gloved hand
  - apply occlusive dressing, taping down on three sides
  - ensure dressing is working as a one-way valve
  - consider removal of dressing if patient exhibits increased dyspnea
- Evisceration:
  - cover with saline soaked dressings:
  - cover the dressings to maintain warmth
  - corralling technique may be used to support the organ with large eviscerations