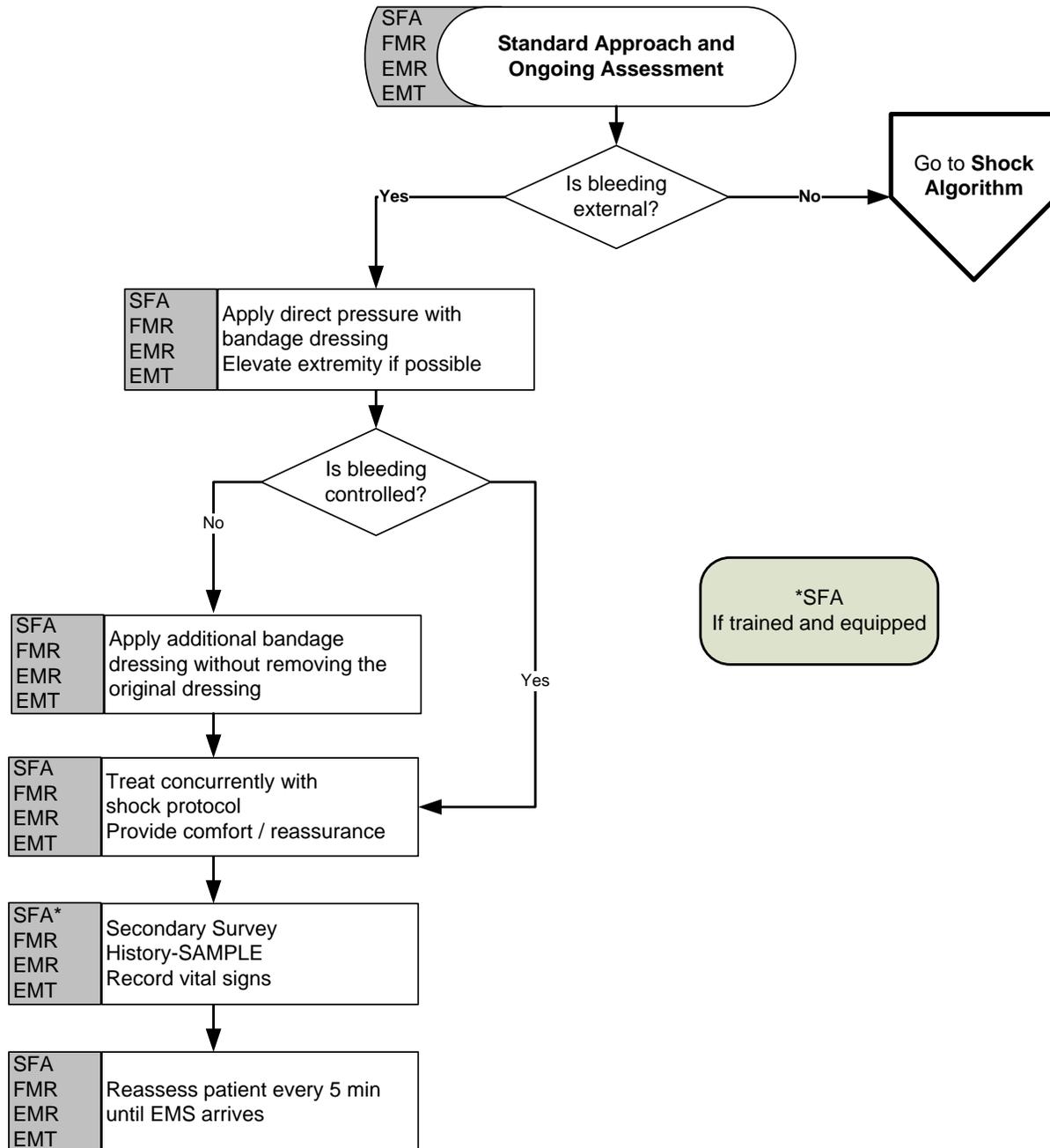


## Algorithm 8 Control of External Bleeding



## Control of External Bleeding (Algorithm 8)

### Management

Direct targeted pressure to the bleeding area with elevation of the limb if possible.

### Elevation

If a fracture is suspected in an extremity, do not elevate the limb or subject the patient to unnecessary motion until the fracture has been immobilized in a splint.

**Note:** Maintain as clean a technique as possible. NEVER expose a patient to the blood or body fluids of another patient. Put on a new set of gloves for each patient.

### Epistaxis (Nosebleed)

Nosebleeds are quite common and are usually controlled with manual, external compression, and tend to be self-limited.

Severe nosebleeds can be profuse, persistent, and life threatening. They are complicated by airway compromise and vomiting of swallowed blood.

#### Caution

Anyone in close proximity must be aware that this patient they may be spitting up blood which could splatter. Bodily fluid precautions are required.

### Management of Epistaxis

- Have adequate PPE on.
- Keep the patient sitting up and leaning slightly forward unless there are signs of shock.
- If blood is flowing from the nostrils, pinch the entire soft part of the nose right under the nasal bone and hold for 10 minutes. If the patient is still bleeding, repeat this step once. Then if the patient continues to bleed, maintain pressure until EMS arrives.
- Instruct the patient not to swallow blood and have the patient spit his/her blood into a container.
- If blood has been swallowed, the patient may vomit.
- Maintain a clear airway and carefully suction the mouth if required.
- If signs of shock are present, keep the patient supine with his/her head or entire body turned to one side (see the SHOCK algorithm).