

Standard Operating Procedures Manual
City of Poquoson Fire and Rescue



**City of Poquoson
Fire and Rescue**

830 Poquoson Ave.
Poquoson, VA 23662
757-868-3510
F757-868-3514

EMS OPERATIONS

SOP#: EMS 19.1

Title: Hemostatic Agents

Effective Date: 03/01/2016

Revised Date: _____



Fire Chief's Signature



City Manager's Signature



Operational Medical Director

HEMOSTATIC AGENTS

I. PURPOSE

The purpose of this policy is to provide guidance in the usage of hemostatic agents in the prehospital setting.

This SOP is not all-inclusive and cannot encompass all situations that may be encountered.

II. APPLICABILITY

All career and volunteer personnel

III. POLICY

It shall be the policy of the Fire/Rescue Department to use hemostatic agents as directed by the manufacturer to control exsanguinating hemorrhage.

IV. INDICATIONS

Hemostatic agents can be used to control exsanguinating hemorrhage when use of direct pressure and tourniquets fail. This is most likely to involve wounds of the axilla, groin, neck, face, or scalp.

V. CONTRAINDICATIONS

- Minor bleeding
- Bleeding that can be controlled by direct pressure.
- Bleeding that can be controlled by application of a tourniquet.
- Open abdominal or chest wounds.

VI. PROCEDURE

1. Each provider must be trained to use the hemostatic agent approved by the medical director. Documentation of this training will be placed in each provider's training file.
2. Follow the manufacturer's user instructions for proper technique.
3. Pack the wound with the chosen hemostatic agent.
4. Apply direct pressure over the wound for a minimum of 3 minutes or until bleeding stops.
5. Apply pressure dressing over wound and hemostatic agent.
6. Advise receiving hospital personnel of use of a hemostatic agent.
7. Documentation must include at a minimum the time of application, reason for usage, location/extent of injury, and other interventions performed prior to hemostatic agent usage.