

# c Exsanguinating external haemorrhage

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Experience from war zones over the past 20 years has shown that exsanguinating external haemorrhage from massive arterial bleeding needs to be controlled even before the airway is managed (see Chapter 34 ). Most of these injuries are due to gunshot wounds or blasts and are mainly seen in military practice. However, they are also encountered in civilian practice. Bleeding must be controlled immediately by the application of packs and pressure directly onto the bleeding wound and proximal artery . Haemostatic dressings that contain agents that augment local coagulation are now available. Failure to control bleeding in the limb by direct pressure with surgical dressings should be followed by the application of a tourniquet proximal to the wound. In the field, simple tourniquets can be improvised if pneumatic tourniquets are not available. It is vital to appreciate that once a tourniquet is applied the limb becomes ischaemic; therefore, the length of time for which the tourniquet is applied must be recorded on the patient and the patient requires urgent surgical control of the bleeding in order to reperfuse the limb. c: Exsanguinating external haemorrhage

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