



Emergency Medical Technician Psychomotor Examination

Attempt:  
#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_

**HEMORRHAGE CONTROL / SHOCK MANAGEMENT**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

	PASS / FAIL
<b>DIRECT PRESSURE</b>	
Demonstrates applying appropriate direct pressure to bleeding wound	
Apply appropriate pressure dressing	
<b>TOURNIQUET (SELF)</b>	
Demonstrates applying California approved tourniquet (2"-4" above wound or High and Tight)	
Demonstrates applying second California approved tourniquet	
Reassess and adjust tourniquet as necessary	
<b>TOURNIQUET (PATIENT)</b>	
Demonstrates applying California approved tourniquet (2"-4" above wound or High and Tight)	
Demonstrates applying second California approved tourniquet	
Reassess and adjust tourniquet as necessary	
<b>WOUND PACKING</b>	
Demonstrates appropriate wound packing (California approved Hemostatic gauze or traditional gauze)	
Demonstrates holding pressure for at least 3 minutes and applies appropriate pressure dressing	
<b>SHOCK MANAGEMENT</b>	
Properly positions the patient	
Administers high-flow oxygen, if appropriate	
Initiates steps to prevent heat loss from the patient	
Initiates Transport / Evacuation of patient	

*You must factually document your rationale for checking any of the above critical items on this form.*


## Performance Objectives

Demonstrate competency in controlling external venous and/or arterial bleeding.

## Equipment

- PPE (eye protection, masks, gown, gloves, etc.) Can use an image of PPE in place of actual items
- Adult or pediatric manikin; full-sized
- Moulage – bleeding wound
- Tourniquet
- Bandaging materials
- Bulky dressing
- Tape
- Trauma shears
- Marker/Pen

## Key Concepts

- **Personal protective equipment**
  - Gloves, goggles, gown
- **Direct Pressure – Extremities, Junctional, Core – superficial & deep wounds**
  - Use the fingertips to apply firm, steady pressure at the site of the bleeding; may use the palm of your hand for larger bleeding sites
  - Most bleeding can be controlled with 5-10 minutes of firm pressure
  - Do not remove blood-soaked dressings. This may cause the clot to break resulting in further bleeding.
  - Once bleeding has stopped, bandage a dressing firmly in place to form a pressure dressing
  - If direct pressure does not effectively stop the bleeding, place a tourniquet
  - If direct pressure is not appropriate (multiple lacerations, penetrations, and anatomic destruction that may lead to bleeding from more than one area, protruding bones, or crush-type amputations), place a tourniquet
- **Wound Packing – Junctional or Extremities; Do not use for chest or abdominal wounds**
  - Begin with direct pressure
  - If a deep wound creates a cavity, pack it with gauze (California approved hemostatic or traditional gauze)
  - Place the end of the gauze against the site of the bleeding and begin feeding gauze into the wound cavity, all the way to the bottom of the cavity, until the cavity is full.
  - Wound packing can cause severe pain which can be treated with pain management.
  - Resume direct pressure.
- **Tourniquet – Extremities only**
  - If direct pressure does not effectively stop the bleeding, place a tourniquet 2-3 inches proximal to the wound without placing it over a joint
  - Document the time of application on the tourniquet.
  - If bleeding is not controlled, a second tourniquet should be placed proximal to the first. Do not remove the first tourniquet
  - Proper tourniquet application can cause severe pain which can be treated with pain management
  - Reassess the bleeding site every 5 minutes to ensure bleeding is controlled
- **Pressure Dressing**
  - A bulky dressing held in position with a tightly wrapped bandage, which applies pressure to help control bleeding
  - Should control most non-massive external bleeding and may be useful to maintain direct pressure once a wound has been packed
  - The pressure dressing should be snug enough to accomplish its goal of applying pressure to the wound without cutting off circulation and becoming a tourniquet.
- **Shock Management**
  - Hypothermia interferes with the clotting process; remove wet clothing and cover with blankets.
  - Turn on the heat in the patient compartment (if you are not sweating, it is not warm enough for the patient)
  - Place the patient in a supine position