











TOURNIQUET CONVERSION

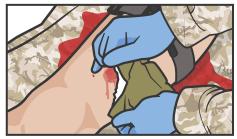


CONSIDER body substance isolation. **NOTE:** If a Combat Lifesaver is available, direct them to assist.



EXPOSE the wound, if not previously exposed.

NOTE: Remove clothing and equipment as required.

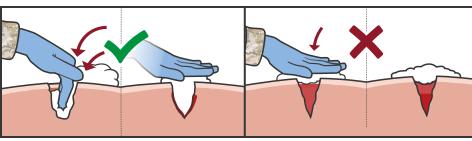


REMOVE the hemostatic dressing or gauze from its sterile package.

NOTE: If hemostatic dressing or gauze is not available, use clean, dry cloth material.



PACK the dressing tightly into the wound.



STEP 3 NOTE: Fill and pack the whole wound cavity tightly while keeping firm pressure on the wound. More than one hemostatic dressing or gauze may be required.



ENSURE the hemostatic dressing or gauze extends 1–2" above the skin.

STEP 4 NOTE: If the hemostatic dressing or gauze does not extend 1–2" above the skin, place additional hemostatic dressing or gauze.

STEP 4 NOTE: If a penetrating object is lodged in the casualty's body, bandage it in place. **Do not** remove the object.



AFTER packing, continue to apply firm, manual pressure for a minimum of 3 minutes.



REMOVE the pressure bandage from its package.



PLACE the pad of the pressure bandage directly over the wound or previously applied hemostatic dressing while continuing to apply direct pressure.

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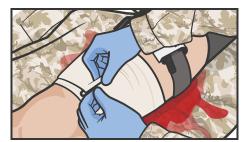
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wrap the pressure/elastic bandage tightly around the extremity, focusing pressure over the wound and ensuring that the edges of the pad are covered.

STEP 8 NOTE: If the bandage has a pressure bar, insert the elastic wrap completely into the pressure bar, pull the bandage tight, and reverse it back over the top of the pressure bar, forcing it down onto the pad.



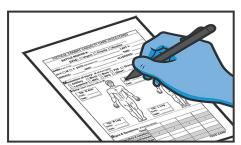
SECURE the hooking ends of the hook and loop straps or closure bar onto the last wrap of the bandage.



SLOWLY release the tourniquet (over one minute); observe the bandage for bleeding.

STEP 10 NOTE: Convert tourniquets in less than 2 hours, if possible, but do not remove a tourniquet that has been in place more than 6 hours.

STEP 10 NOTE: If bleeding reoccurs, retighten the original tourniquet, ensuring bleeding is controlled and the distal pulse is absent.



DOCUMENT all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.