

TOURNIQUET REPLACEMENT INSTRUCTION

TASK:	Replace a tourniquet
CONDITION:	Given a scenario in the Tactical Field Care phase where you have a casualty with a previously applied high & tight limb tourniquet during Care Under Fire, whose bleeding is controlled but requires a more appropriately placed Committee on Tactical Combat Casualty Care (CoTCCC)-recommended tourniquet
STANDARD:	Maintain hemorrhage control while applying a new appropriately placed CoTCCC-recommended tourniquet
EQUIPMENT:	CoTCCC-recommended limb tourniquet, casualty's Joint First Aid Kit and/or medic aid bag

PERFORMANCE MEASURES: step-by-step instructions

NOTE: Consider body substance isolation.

NOTE: If a Combat Lifesaver is available, direct them to assist.

- 01** Expose the injury and assess the bleeding source.
- 02** Assess previously applied tourniquet(s) for effectiveness at controlling bleeding and proximity to the bleeding site.
- 03** Check for distal pulse.
NOTE: If distal pulse is present or bleeding is not controlled, attempt to tighten the tourniquet(s) further. If distal pulse is still present or bleeding persists, proceed immediately to step 4.
- 04** Apply a CoTCCC-recommended tourniquet directly on the skin 2-3 inches above the bleeding site if possible (see Tourniquet Application Instructions).
- 05** Slowly release original tourniquet(s) over one minute.
- 06** Watch the area where bleeding originally took place, ensuring no bleeding reoccurs.
NOTE: If bleeding reoccurs, immediately retighten initial tourniquet(s), ensuring bleeding is controlled, and further tighten the newly applied tourniquet. Repeat steps 5 and 6 until the new tourniquet controls bleeding; however, if repeated attempts to establish a new tourniquet fail, retighten the original tourniquet(s) and leave in place, remove the new tourniquet, and proceed with the remainder of your assessment.
- 07** Assess to ensure distal pulse is absent, and bleeding is still controlled.
- 08** Slide originally placed tourniquet(s) down, but leave in place proximal to the newly placed tourniquet.
NOTE: If relocated, replaced tourniquets should not be fully tightened, but excess slack should be removed to avoid interfering with future treatments and casualty movement.
- 09** Annotate the time of the new tourniquet placement on the tourniquet.
- 10** Document all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.