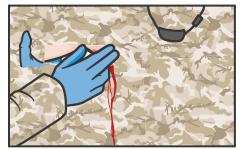




AXILLARY JUNCTIONAL HEMORRHAGE CONTROL

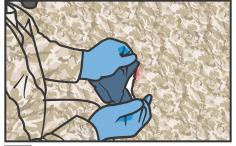


CONSIDER body substance isolation. NOTE: If a Combat Lifesaver is available, direct them to assist.



LIFT the arm to expose 01 the wound and assess the bleeding source.

NOTE: The best position to treat the casualty is the seated position. If the casualty cannot be treated in the seated position, you will need to sit the casualty up as much as possible to apply the elastic bandage.



- **APPLY** direct pressure to the 02 most active bleed.
- Using the casualty's JFAK, 03 remove the hemostatic dressing from its sterile package.

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

ENSURE Ensure the hemostatic

dressing or gauze extends 1-2

inches above the skin.

NOTE: If the hemostatic dressing or

gauze does not extend 1-2 inches

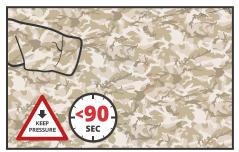
above the skin, place additional

hemostatic dressing or gauze.

EXPOSE the injury and assess the bleeding source. **NOTE:** Clothing may need to be cut away to properly expose the injury.



EXTEND the casualty's arm 04 at a 90-degree angle by placing it on your shoulder (to maintain elevation of the arm), while proceeding through steps 5-13.



PACK the axillary wound tightly 05 with hemostatic dressing or gauze until the wound cavity is filled while keeping firm pressure on the wound (finishing within 90 secs).

NOTE: More than one hemostatic dressing or gauze may be required to stop the blood flow.

CAUTION: If a penetrating object is lodged into the casualty's body, bandage it in place. **DO NOT** remove the object.

IF BLEEDING HAS NOT BEEN CONTROLLED:

If packed with hemostatic dressing, remove prior packing material, and repack starting at STEP 3.

06



- HOLD pressure for a minimum 07 of 3 min.
- **REASSESS** to ensure bleeding 08 has been controlled while maintaining pressure.

NOTE: Ensure blood is not seeping through or around the hemostatic dressing. If bleeding has stopped, leave the hemostatic dressing in place while still maintaining pressure.

apply additional gauze/materials and pressure (for another 3 minutes) until bleeding has stopped.

If packed with gauze or other materials,

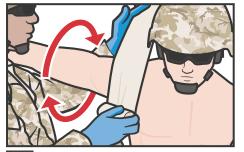






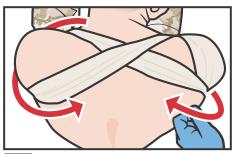
AXILLARY JUNCTIONAL HEMORRHAGE CONTROL

Continued...



10 While maintaining pressure on the hemostatic dressing or gauze, **WRAP** the pressure (or elastic) bandage around injured shoulder twice ensuring hemostatic dressing or gauze underneath is completely covered.

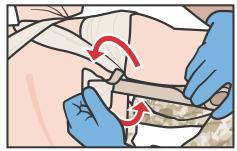
NOTE: If using an elastic bandage without a closure bar, leave a tail on the posterior side of the casualty.



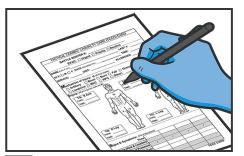
WRAP the elastic bandage across, back, and under the opposite axilla, anchoring around the opposite shoulder in a "Figure 8" pattern.



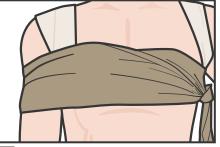
12 Depending on the bandage used, **SECURE** with the closure bar or tie the tails of the elastic bandage together with a non-slip knot.



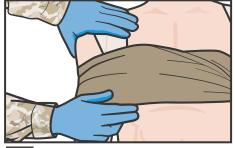
SECURE pressure (elastic) bandage tails and knot using 3-inch tape, wrapping the tape a minimum of 1½ times around the knot.



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



SWATH the upper arm on the injured side to the chest using a cravat.



15 CONTINUE TO ASSESS the wound for further bleeding.