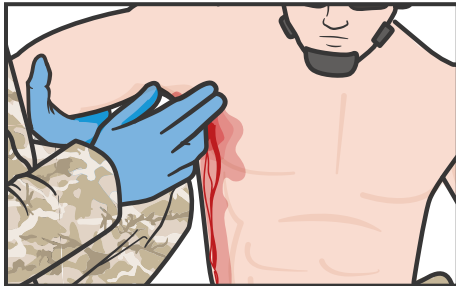


AXILLARY JUNCTIONAL HEMORRHAGE CONTROL



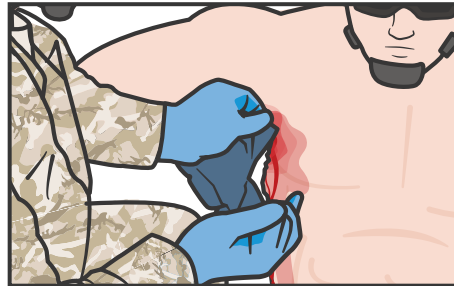
CONSIDER body substance isolation.
NOTE: If a Combat Lifesaver is available, direct them to assist.

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



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

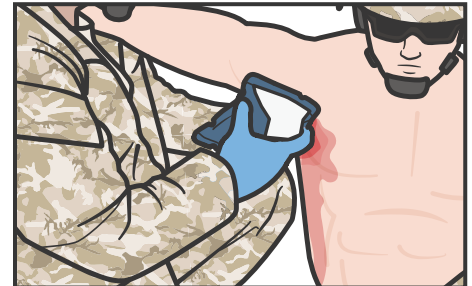
NOTE: The best position to treat the casualty is the seated position. If the casualty cannot be treated in the seated position, you will need to sit the casualty up as much as possible to apply the elastic bandage.



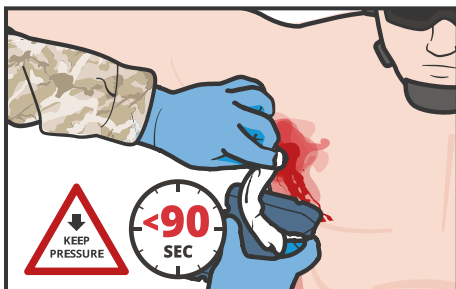
02 **APPLY** direct pressure to the most active bleed.

03 Using the casualty's JFAK, remove the hemostatic dressing from its sterile package.

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



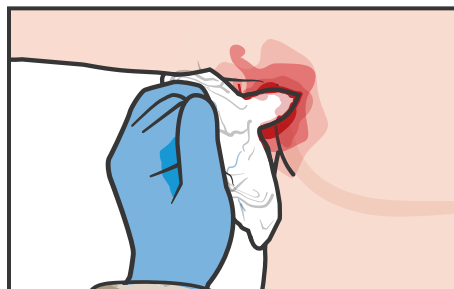
04 **EXTEND** the casualty's arm at a 90-degree angle by placing it on your shoulder (to maintain elevation of the arm), while proceeding through steps 5–13.



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

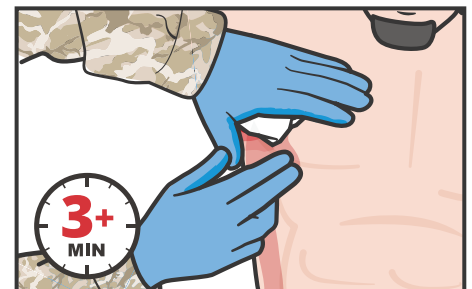
NOTE: More than one hemostatic dressing or gauze may be required to stop the blood flow.

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



06 **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.



07 **HOLD** pressure for a minimum of 3 min.

08 **REASSESS** to ensure bleeding 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.

IF BLEEDING HAS NOT BEEN CONTROLLED:

09a

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



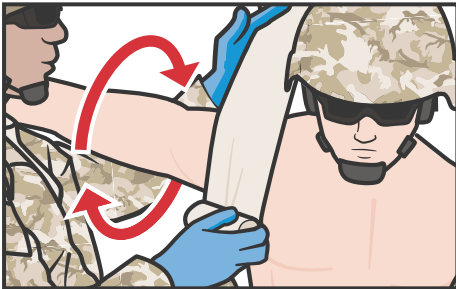
09b

If packed with gauze or other materials, apply additional gauze/materials and pressure (for another 3 minutes) until bleeding has stopped.

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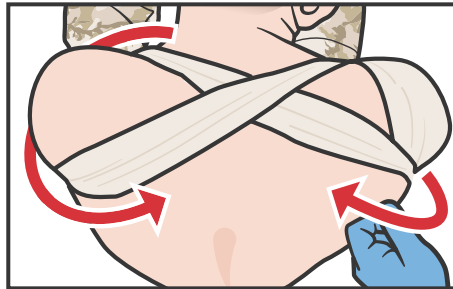
AXILLARY JUNCTIONAL HEMORRHAGE CONTROL

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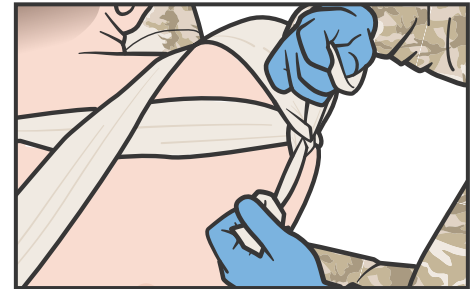


10 While maintaining pressure on the hemostatic dressing or gauze, **WRAP** the pressure (or elastic) bandage around injured shoulder twice ensuring hemostatic dressing or gauze underneath is completely covered.

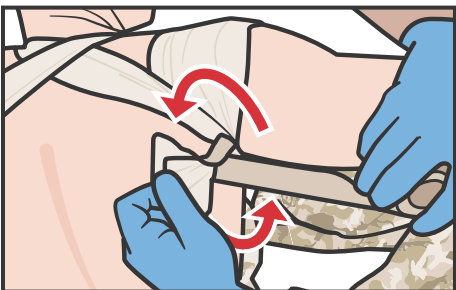
NOTE: If using an elastic bandage without a closure bar, leave a tail on the posterior side of the casualty.



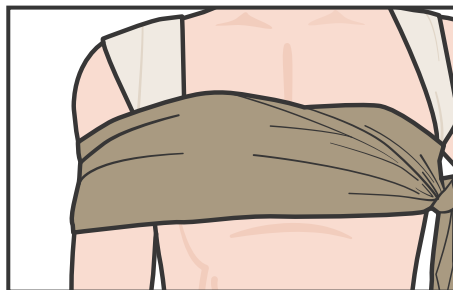
11 **WRAP** the elastic bandage across, back, and under the opposite axilla, anchoring around the opposite shoulder in a "Figure 8" pattern.



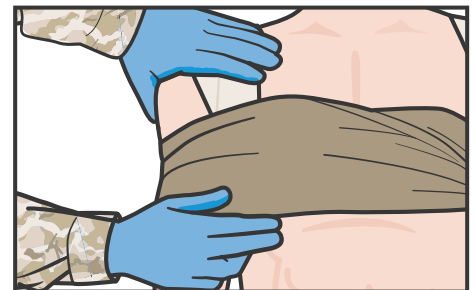
12 Depending on the bandage used, **SECURE** with the closure bar or tie the tails of the elastic bandage together with a non-slip knot.



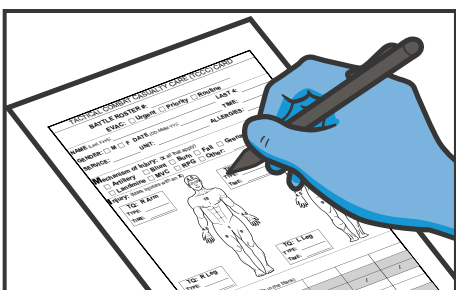
13 **SECURE** pressure (elastic) bandage tails and knot using 3-inch tape, wrapping the tape a minimum of 1½ times around the knot.



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



15 **CONTINUE TO ASSESS** the wound for further bleeding.



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