NREMT Bleeding Control Skill: Tourniquet and Shock

The EMT bleeding control and shock management station: direct pressure, tourniquet placement, packing and shock care

Medic Basics
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NREMT BLEEDING CONTROL SKILL: WHAT IT TESTS

The NREMT bleeding control and shock management station tests whether you can stop serious limb bleeding in the right order and then treat the patient for shock. In most versions, direct pressure fails and you must apply a tourniquet, so practice the tourniquet until it is fast.

STEP BY STEP

1. Protective equipment on; scene safe.
2. Expose the wound so you can see where the blood comes from.
3. Apply firm direct pressure with gauze right on the bleeding point.
4. Bleeding continues: apply a commercial tourniquet 2 to 3 inches above the wound, not over a joint.
5. Tighten until the bleeding stops and the pulse below it is gone; lock the windlass.
6. Write the time on the tourniquet or the patient and say it aloud.
7. Still bleeding: place a second tourniquet just above the first.
8. Treat for shock and transport.

SAFETY Never loosen a tourniquet to relieve pain or to check the wound. Give pain relief instead (ALS) and leave it visible, uncovered and tight.

WOUNDS A TOURNIQUET CANNOT REACH

Groin, armpit and neck wounds (junctional bleeding) are packed. Push hemostatic or plain gauze into the wound to its full depth until it is filled, then hold hard pressure. Do not pull packing out to look; add more on top.

SHOCK MANAGEMENT

DO	WHY
Oxygen to an SpO2 of 94 to 98%	Supports oxygen delivery
Lie the patient flat	Standard shock position; protect the spine if injured
Remove wet clothing, cover with blankets	Cold worsens clotting and bleeding
Rapid transport to a trauma center	Surgery and blood stop internal bleeding; you cannot
Reassess pulse, skin, mental status, BP	Shows whether bleeding is controlled

Signs of shock: anxiety or confusion, fast weak pulse, pale cool clammy skin, fast breathing, and late on a falling blood pressure. In adults, a systolic under 90 or a pulse over 120 after injury means shock until proven otherwise.

CRITICAL-FAIL THEMES

- Delay in applying pressure or the tourniquet once the bleeding is obvious.
- A tourniquet placed over a joint or left loose, so bleeding continues.
- Never treating for shock: no oxygen, no warmth, no transport decision.
- No time recorded for the tourniquet.

Sources (1) are listed with links at medicbasics.com/sheets/nremt-skill-bleeding-control.html. For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. Medic Basics is an independent study aid not affiliated with any certifying body.