

**MEHLVILLE FIRE PROTECTION DISTRICT  
EMERGENCY MEDICAL SERVICES  
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

**SUBJECT: 1100.15  
MISCELLANEOUS:  
CAT TOURNIQUET**

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**Introduction:**

Tourniquets have long been a source of controversy because of the problems associated with their use (ischemia, nerve injury, etc.). Recent advances in military medicine have improved the design and allowed for increased use for civilian EMS.

**Indications:**

1. Penetrating trauma from firearms and stabbings involving severe hemorrhage.
2. Incidents involving blast injuries to extremities.
3. Incidents resulting from industrial or farm accidents involving severe hemorrhage.
4. Multiple casualty injuries and lack of resources to handle hemorrhage control.

**Contra-Indications:**

1. Any bleeding that can be managed by direct pressure.
2. Major bleeding to a non-extremity.

**Procedure:**

The CAT (Combat Application Tourniquet) is the recommended tourniquet of choice.

1. Recognition that bleeding is uncontrollable with direct pressure.
2. Wrap CAT around extremity proximal to bleeding site, do not cover joints.
3. Pass Self Adhering Band through inside slit of the Friction Adapter Buckle.
4. Pass Band through outside slit of Buckle.
5. Pull Self Adhering Band tight and Secure back onto itself.
6. Twist Tension Rod until bleeding stops.
7. Lock Tension Rod in the Windlass Clip.
8. Secure Tension Rod with the Windlass Clip Strap.
9. Make note of Application Time.
10. Continuously reassess for hemostasis.

Following tourniquet application, never cover or hide the tourniquet from view.

In clear view e.g. chest, down arm, etc. label the patient.

If applicable label the medical or triage tag.

If the patient is conscious tell him/her to tell his/her caregivers of the tourniquet.

Transport patient per System Guidelines, and report time of placement.

**Special Note:**

If transport to trauma center will be greater than 30 minutes, reassess tourniquet for possible removal.