# **Essentials in Wound Management in the Disaster Setting**

Superficial and Penetrating Injuries



н	IDENTIFY EMORRHAGE
•	Pulsatile
	steady
	bleeding
•	Bright red
	blood
	pooling
•	Clothing
	soaked in
	blood
•	Amputation
•	Bandages
	soaked
	With blood
	TGGG Module 6: Ma

## Direct Pressure

- Expose
   Apply direct pressure with both hands
- Apply
   Dressing and press
   extremity
   down onto
   hard surface
- Use any clean cloth or bandage
- Mediale E. Massalve Historichage Control
  DICHTERACTION OF THE TREATMENT
  INCH IN PULSATILE OF
  STRAY BLEDNING from the
  STRAY BLEDNING from the
  SOARED WITH BLOOD
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  BROOMT RED BLOOD
  Traumatic AMPLITATION
  of the size of the



### Torniquet (TQ)

- Use a commercially manufactured and approved TQ
- To be used for uncontrolled hemorrhage of extremities
- Expose extremity if possible
- Place TQ 2-3 inches proximal to wound otherwise place "HIGH AND TIGHT"
- NEVER PLACE TQ OVER JOINT
- Pull the strap trhough the buckle until it is very tight
- Wind the rod until bleeding has stopped
- Place second tourniquet proximal to first if bleeding not controlled
- TIME STAMP THE TQ
   WHEN SUCCESSFUL
- Commercial TQS can be used on persons 2 and up if needed

#### Wound Packing

- To be used for large deep wounds on neck, groin, armpit, or extremity
- Pack gauze tightly
- Hold pressure
- · Do not remove
- Hemostatic dressing takes about 3 mintues
- Regular gauze takes about 10 minutes
- Use cotton
- Athletic fiber wicks moisture and will not absorb blood

#### STABILIZE IMPALED OBJECTS

NEVER
 REMOVE
 IMPALED
 OBJECTS

Stabilize

object
with
gauze
rolls or
tightly
wound
pieces

of fabric





#### Sucking Chest Wound

- Identified by air bubbles forming as person breathes or crackling next to injury
- Place vented occlusive dressing on top of injury
- Improvised occlusive dressing can be made by taping three sides of plasti,c, foil, or glove down.
- This will preven air from entering but allow air to escape
- "Burp" dressing if unequal chest size, distended neck veins, worsening shortness of breath.
  - remove dressing
  - wipe down area
  - allow air to exit
  - reapply dressing



- Lay patient down with knees flexed
- If warm clean water avilable, irrigate organs to remove debris
- Gather organs and place damp dressing over them
- Keep moist
   Cover damp
   cloth with
   impermeable
   plastic and
   tape all sides.

- Attend to trauma first
- Stop the burning process

**Burns** 

- IF EXPOSED
   WITH DRY
   CHEMICALS
   BRUSH OFF
   BEFORE
   APPLYING
   WATER
- Apply copious amounts of water in a safe zone
- REMOVE ALL JEWLERY
- Cover with sterile sheet
- Avoid hypothermia.
- Keep the person warm.













- IT IS VERY PAINFUL
- DO NOT REMOVE TQ
- TQs SAVES LIVES

