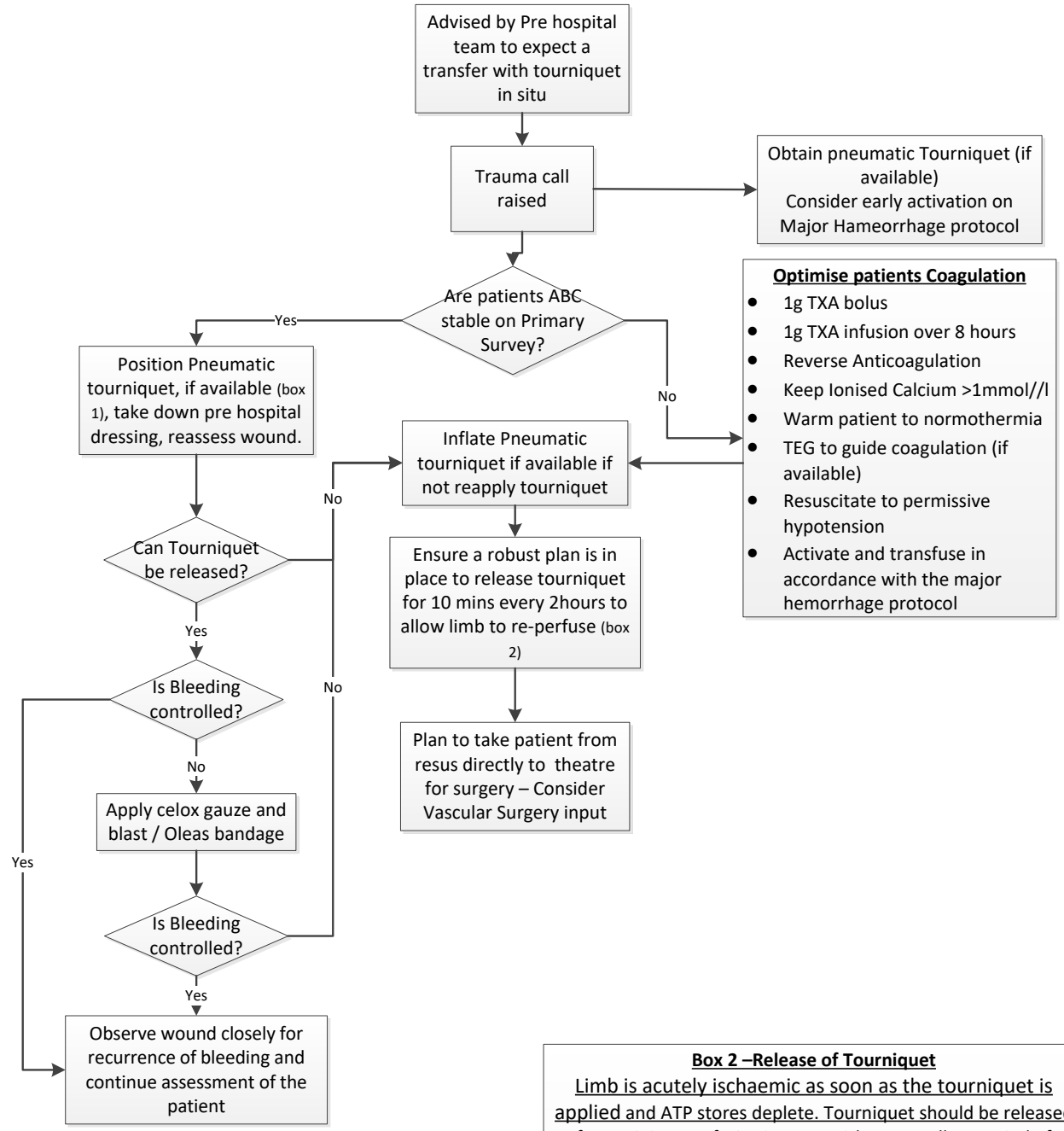
# ED Management and de-escalation of a patient with a tourniquet in Situ

A TOURNIQUET INSITU IS NOT A STABLE SITUATION AND REQUIRES URGENT INTERVENTION




**Box 1**

Pneumatic Tourniquet should be placed above the CAT before removing the CAT. Remove the CAT, if bleeding recurs and cannot be controlled by direct pressure, inflate the pneumatic tourniquet. If no longer bleeding, leave pneumatic tourniquet in place, but deflated until definitive decision made about destination of patient

**Box 2 –Release of Tourniquet**

Limb is acutely ischaemic as soon as the tourniquet is applied and ATP stores deplete. Tourniquet should be released for a minimum of 10 mins every 2 hours to allow period of reperfusion. This is in order to reduce the risk of irreversible microvascular injury.

**Risks with release of tourniquet.**

- Potentially fatal arrhythmia
- Increased $PaCO_2$ and lactate
- Increased intracranial pressure
- Severe pain
- Compartment syndrome
- Rhabdomyolysis