

When a Child is Hemorrhaging from a Peripheral Trauma, Consider the Improvisational Tourniquet

Paul Patrick Rega

University of Toledo, United States

Abstract

Statement of the problem: Children are often intentional, accidental, or collateral victims of peripheral penetrating trauma. Commercial tourniquets have proven their efficacy in adult cases and a recent study indicates their value in the pediatric population. However, commercial tourniquets may be unavailable to civilian first responders during a mass casualty event. There is limited advocacy for improvisational tourniquets due to a paucity of evidence-based research.

The purpose of this presentation is to describe a university's efforts to improve awareness regarding improvisational tourniquets to diverse civilian communities.

Methodology

Over the space of two years, a multi-pronged strategy that incorporated improvisational tourniquets was developed: 1. Research; 2. Formal and informal commercial/improvisational tourniquet education; 3. Just-In-Time training with improvisational tourniquets; 4. Active shooter gaming that incorporated improvisational tourniquet application as a "survival" objective.

Findings

1. Research concluded that, testing multiple devices, a simple phone receiver and a necktie were the most effective improvisational tourniquets in curtailing fluid loss in a hemorrhage model. 2. Anti-hemorrhage training, including improvisational tourniquet education, maintained a flexibility and brevity that, over 2.5 years, trained nearly 2,500 faculty, students and staff. This training has 2019 been exported to teach children in an Arizona summer camp (n= 60) as well as high school students in New York (n= 80). 3. To improve "Just-In-Time" improvisational tourniquet training, a QR code linked in real time to a twenty-second video was created as a feasible emergency option in public access venues; 4. An active assailant board game that included tourniquet education was designed and tested. Out of 62 players, 97.6% felt more confident in applying an improvisational tourniquet.

Conclusion and significance

The improvisational tourniquet technique should be employed to stop a severe peripheral hemorrhage when nothing else is available and the procedure should be taught to the public while research is on-going.

References

1. Teplin LA, Jakubowski JA, Abram KM, Olson ND, Stokes ML, Welty LJ. Firearm homicide and other causes of death in delinquents: A 16-year prospective study. *Pediatrics*. 2014;134(1):63.
2. Kittle J. A literature review on gang violence. *Journal of trauma nursing*. 2017;24(4):270-279.
3. Burnette M. Fighting gangs the healthy way. *Minority Nurse*. 2006:44-47.

Article Information

Conference Proceedings: World Congress on Nursing & Healthcare (Paris)

Conference date: 18-19 November, 2019

Inovineconferences.com

***Corresponding author:** Paul Patrick Rega, University of Toledo, United States; Email: [Paul.Reg\(at\)utoledo.edu](mailto:Paul.Reg(at)utoledo.edu)

Citation: Rega PP (2019) When a Child is Hemorrhaging from a Peripheral Trauma, Consider the Improvisational Tourniquet. *J Pediat Infants*.

Copyright: © 2019 Rega PP. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

4. Andrade EG, Hayes JM, Punch LJ. Enhancement of bleeding control 1.0 to reach communities at high risk for urban gun violence: acute bleeding control. *JAMA surgery*. 2019.
5. Jacobs LM, Wade DS, McSwain NE, et al. The Hartford Consensus: THREAT, a medical disaster preparedness concept. *Journal of the American College of Surgeons*. 2013;217(5):947-953.
6. Harcke HT, Lawrence LL, Gripp EW, Kecskemethy HH, Kruse RW, Murphy SG. Adult tourniquet for use in school-age emergencies. *Pediatrics*. 2019;143(6):e20183447.
7. Snyder CL. Bleeding Children. *Pediatrics*. 2019;143(6):e20190170.
8. Stewart SK, Duchesne JC, Khan MA. Improvised tourniquets: Obsolete or obligatory? *Journal of Trauma and Acute Care Surgery*. 2015;78(1):178-183.
9. Kragh Jr JF, Wallum TE, Aden III JK, Dubick MA, Baer DG. Which improvised tourniquet windlasses work well and which ones won't? *Wilderness & environmental medicine*. 2015;26(3):401-405.
- 10.10. Stevenson K, Fink B, Rega PP. News: Phoning It In The Improvisational Tourniquet. In: LWW; 2018.