



# Clinical Practice Procedures: Trauma/Bandaging – The Emergency Bandage

<b>Policy code</b>	CPP_TR_BTEB_0215
<b>Date</b>	February, 2015
<b>Purpose</b>	To ensure a consistent procedural approach for bandaging – The Emergency Bandage.
<b>Scope</b>	Applies to Queensland Ambulance Service (QAS) clinical staff.
<b>Health care setting</b>	Pre-hospital assessment and treatment.
<b>Population</b>	Applies to all ages unless stated otherwise.
<b>Source of funding</b>	Internal – 100%
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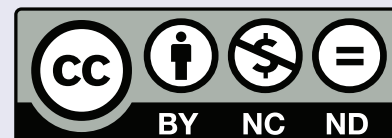
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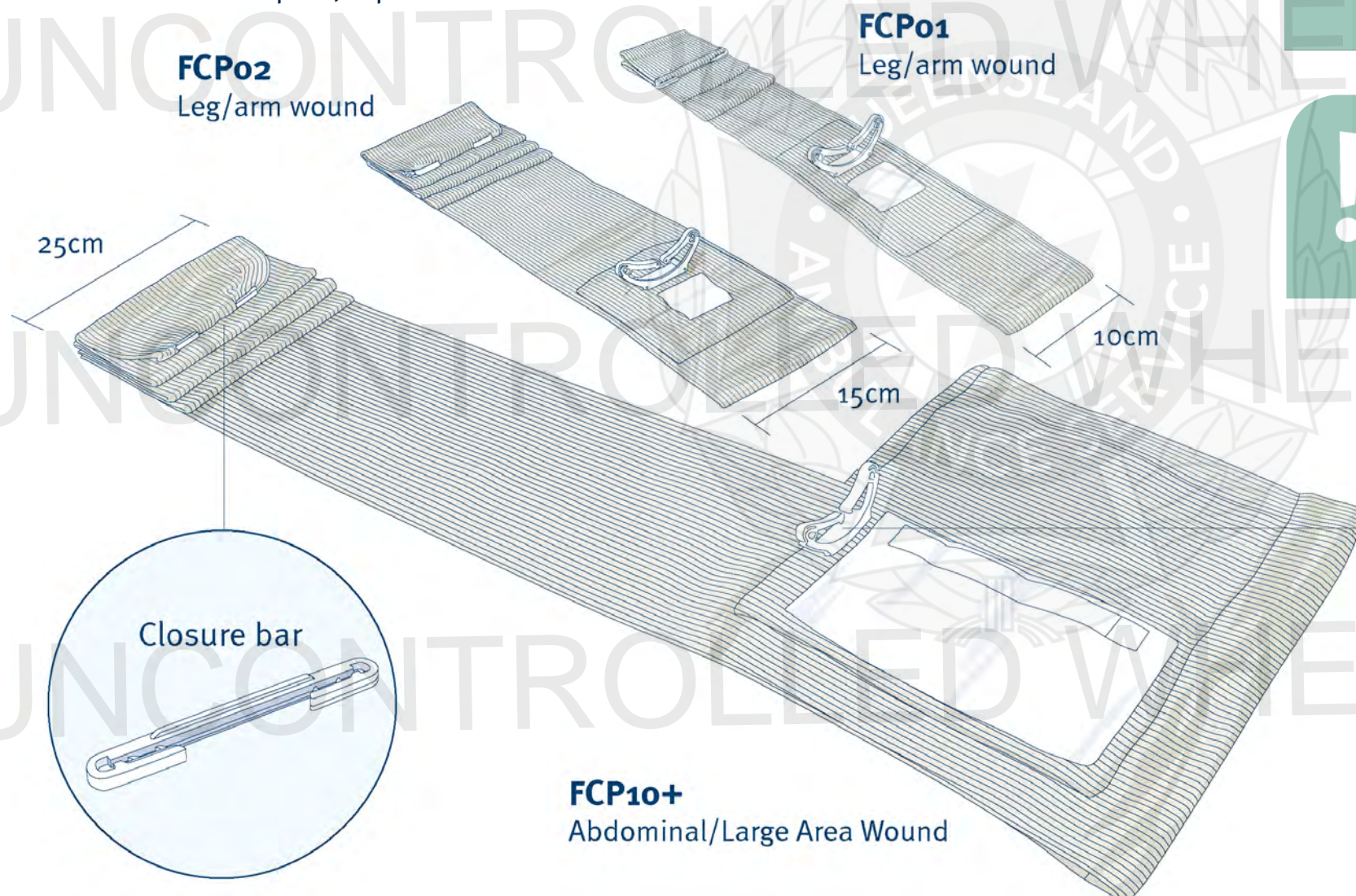
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# Bandaging – The Emergency Bandage<sup>[1]</sup>

February, 2015

The **Emergency Bandage** (or Israeli Bandage) is a specifically designed haemorrhage control dressing used to establish and maintain traumatic wound haemostasis in the pre-hospital setting.

The Emergency Bandage is a sterile elasticised bandage with a non-adherent pad sewn in one end. The non-adherent pad is placed directly on the wound and the bandage is fed through a pressure applicator before bandaging in the opposite direction. Reverse bandaging causes the pressure applicator to flatten placing direct pressure on the wound. A closure bar at the end of the bandage enables simple and effective securing without the needs for pins, tape or knots.



## Indications

- Traumatic wounds requiring haemostasis

## Contraindications

- Nil in this setting

## Complications

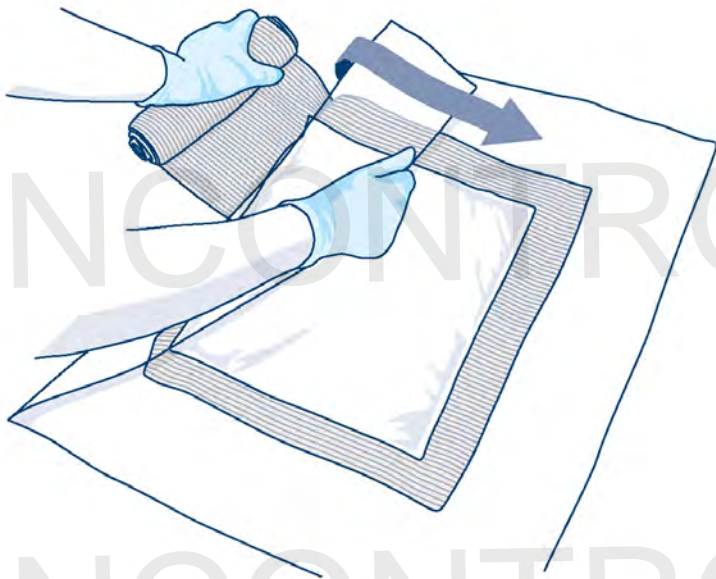
- Nil in this setting

Pressure applicator

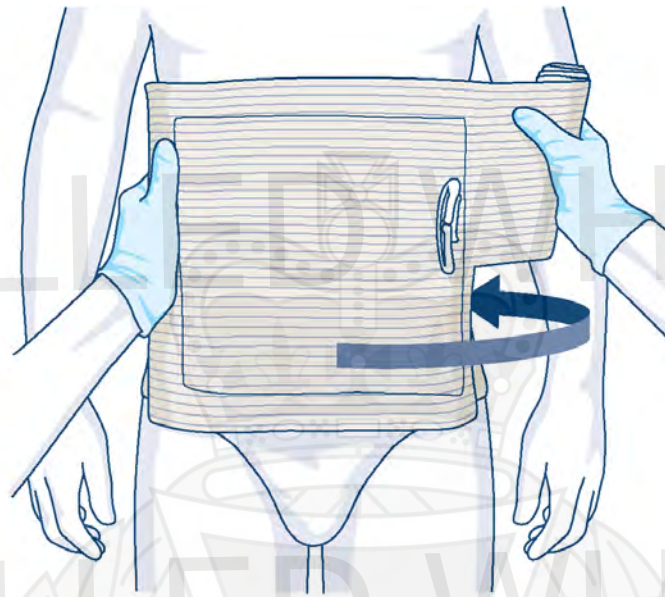




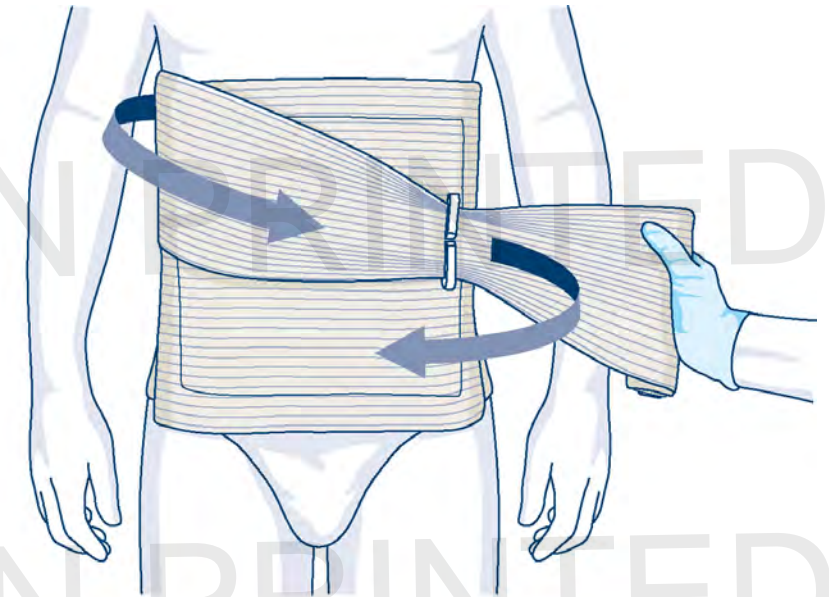
## Procedure – Abdominal wound dressing



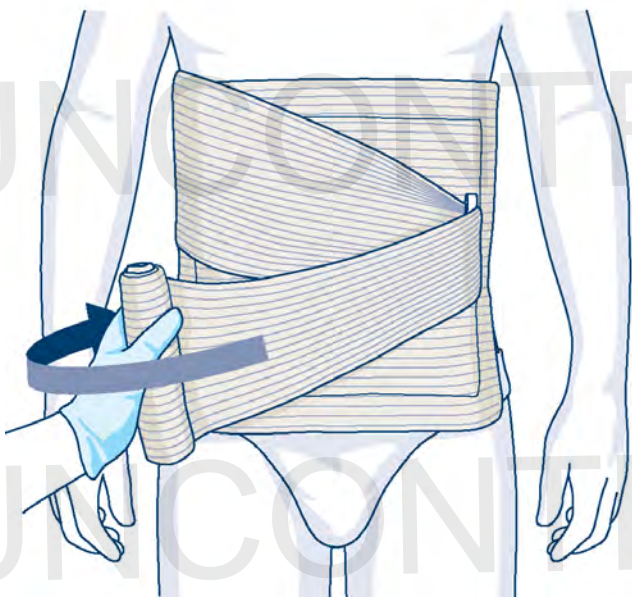
1. Remove bandage from packaging and remove plastic barrier if not required (plastic barrier is considered suitable for exposed organs or burns)



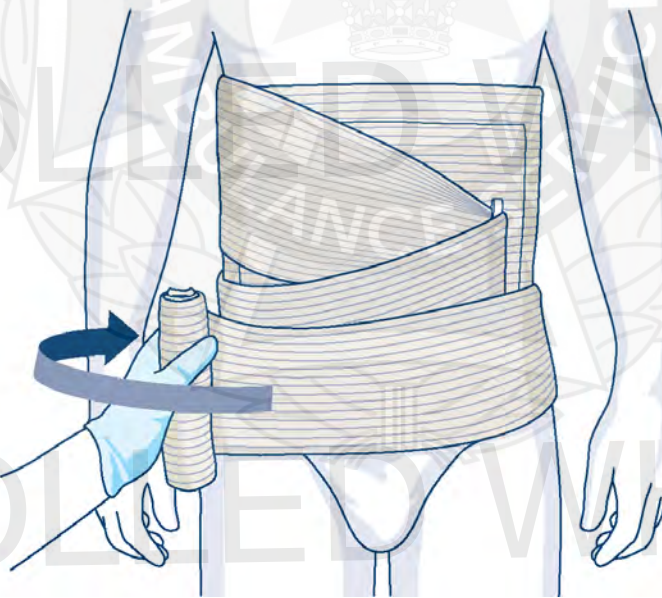
2. Place non-adherent pad on wounded area (do not press down)



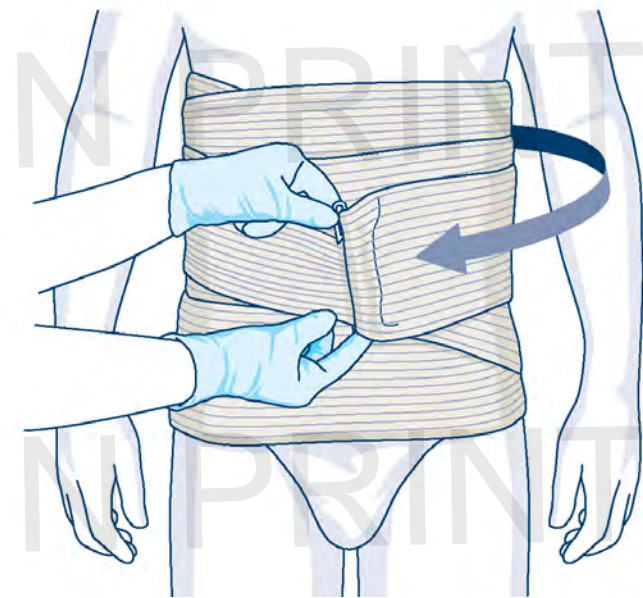
3. Wrap elastic bandage around the torso and bring to the front of the body (do not tighten). Wrap the bandage to cover the top half of the non-adherent dressing and insert into the pressure applicator.



4. Reverse the direction of the bandaging and wrap bandage to cover the bottom half of the pad.



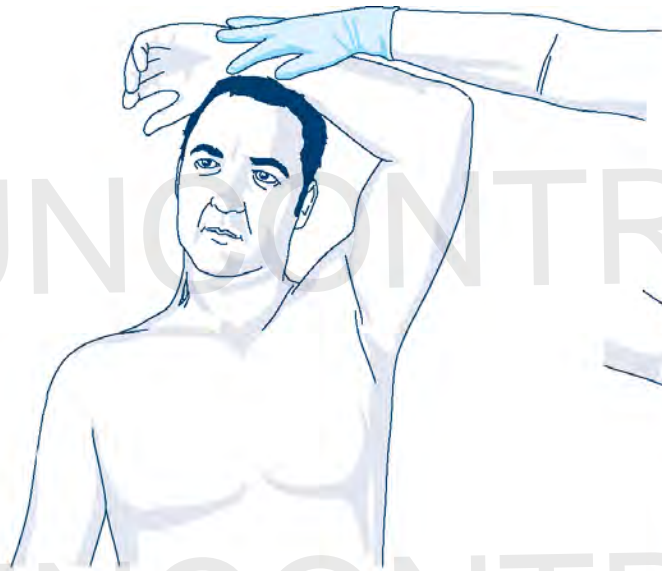
5. Continue to wrap the torso ensuring all edges of the non-adherent pad are covered.



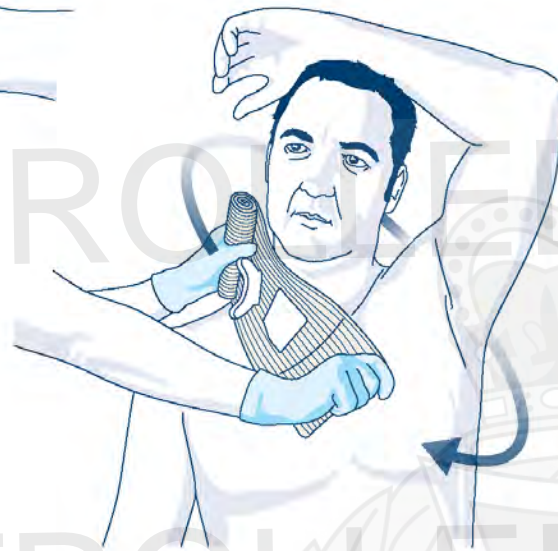
6. Secure the wrapping leader by hooking the closure bar into the previous layers of the bandage.



## Procedure – Neck wound dressing



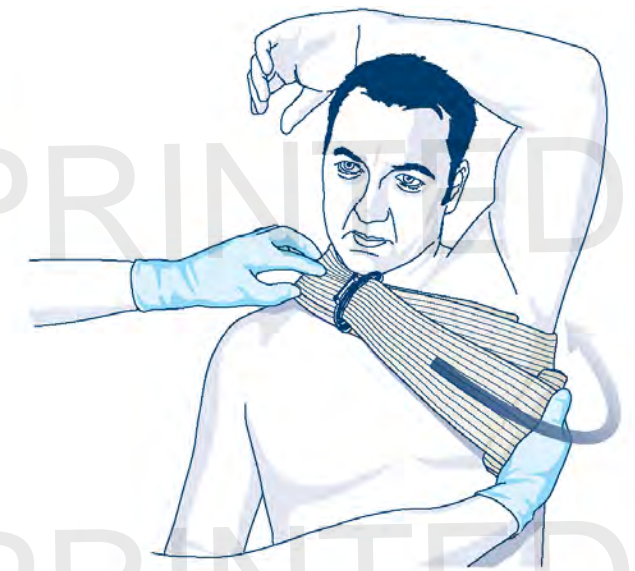
1. Remove bandage from packaging. Raise the patient's arm opposite to the wound site above his/her head.



2. Wrap the wrapping leader around the body and into the armpit opposite to the wound.



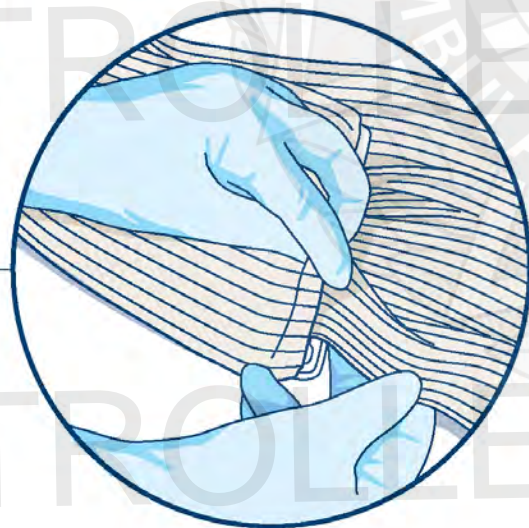
3. Insert the elastic bandage into the pressure applicator.



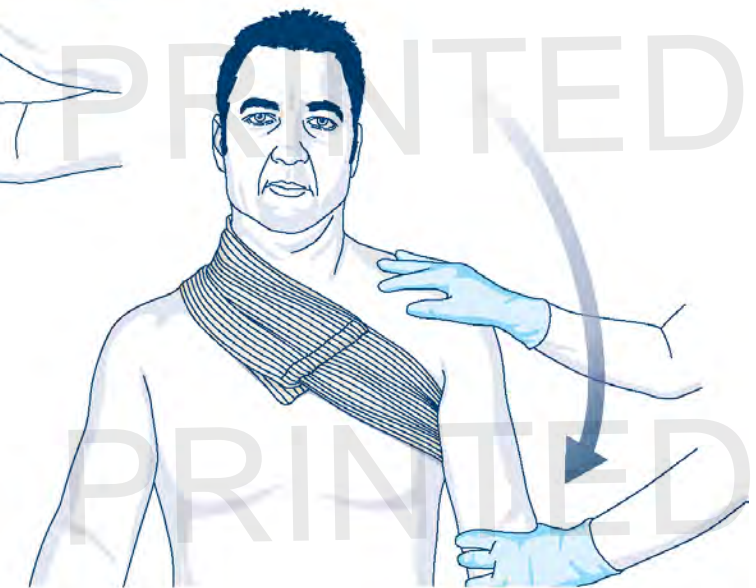
4. Pull back in the opposite direction to tighten and continue bandaging covering all edges of the bandage.



5. Wrap the elastic bandage tightly over the pressure applicator. Secure the hooking ends into the elastic bandage.



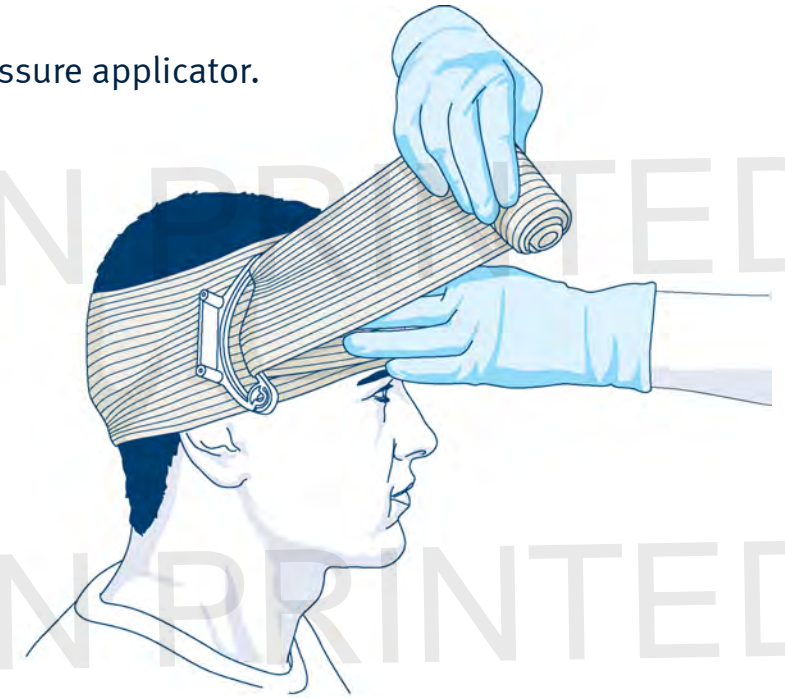
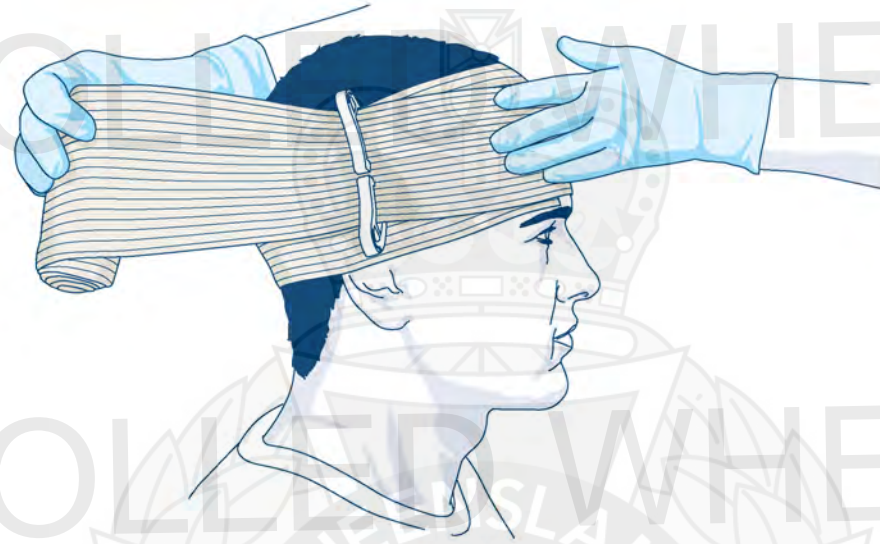
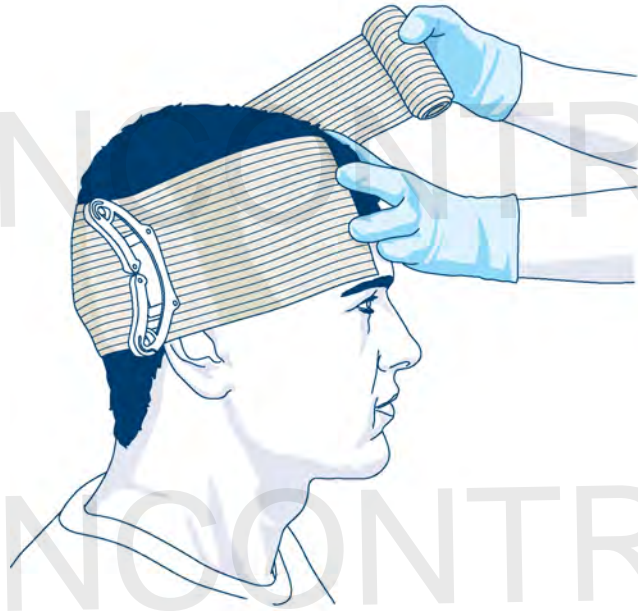
6. Lower raised arm to increase pressure on the wound and distance from the trachea.





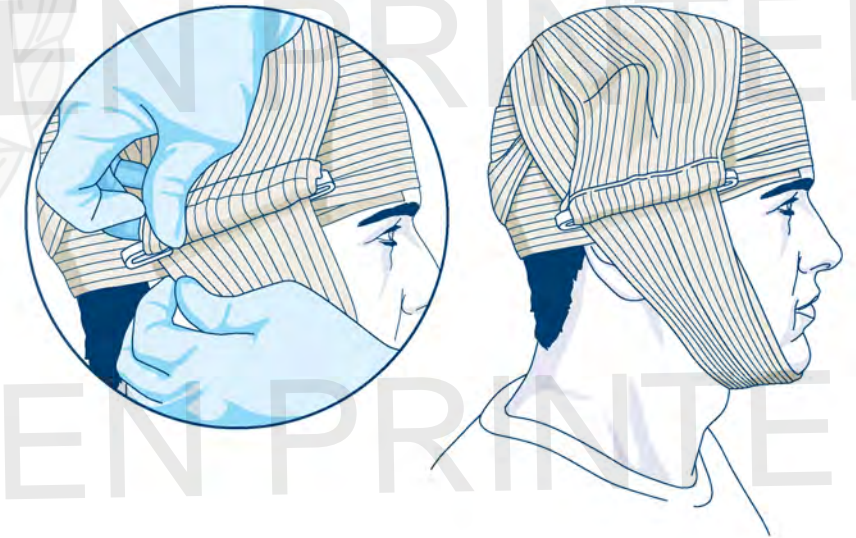
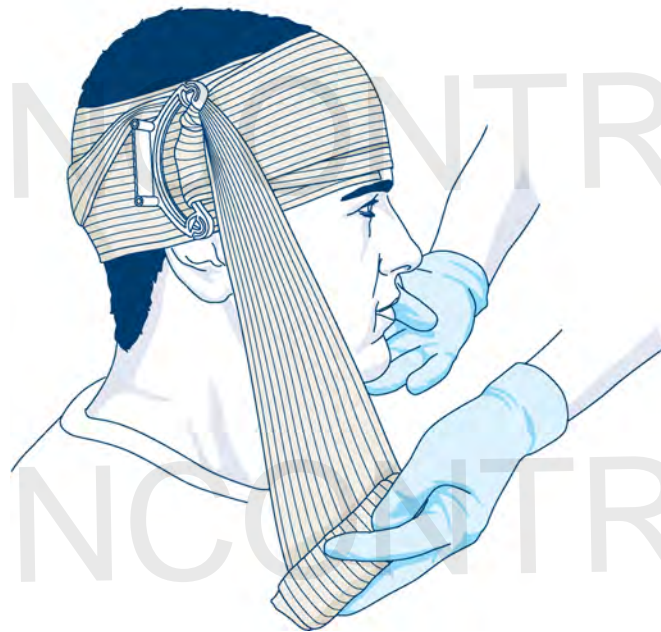
## Procedure – Head wound dressing

2. Insert the bandage into the pressure applicator.



1. Remove selected bandage from packaging. Place the non-adherent pad on the wound and wrap the bandage leader around the head.

3. Firmly pull the bandage in the opposite direction and continue to bandage the head in the opposite direction to that commenced.



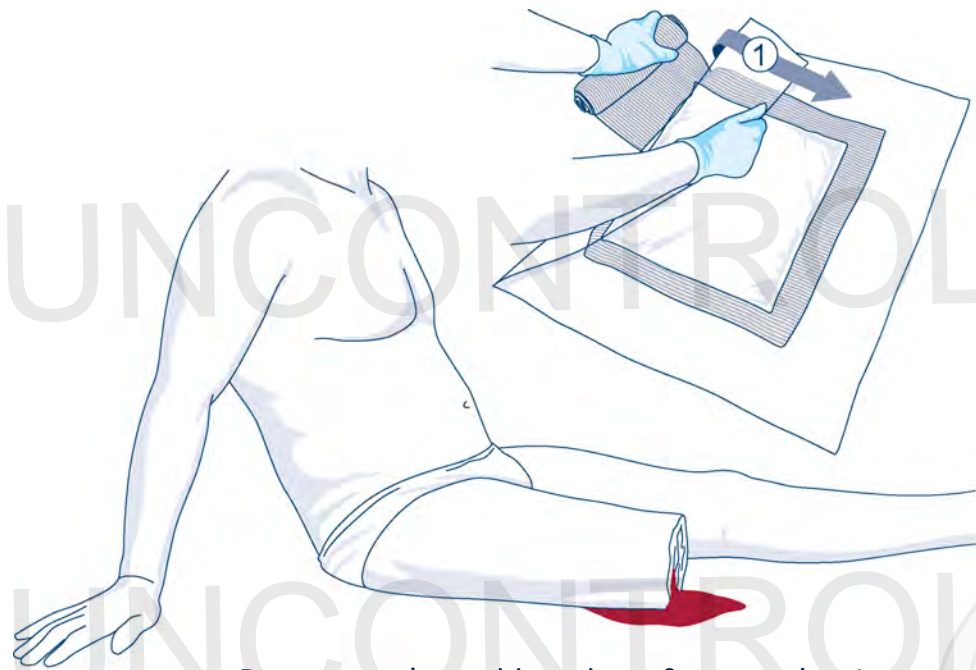
4. Hook the wrapping leader behind a corner of the pressure applicator to turn the direction of bandaging.

5. Cupping the chin for comfort and stability, continue to wrap the bandage over the patient's head.

6. Secure hooking ends into the bandage.

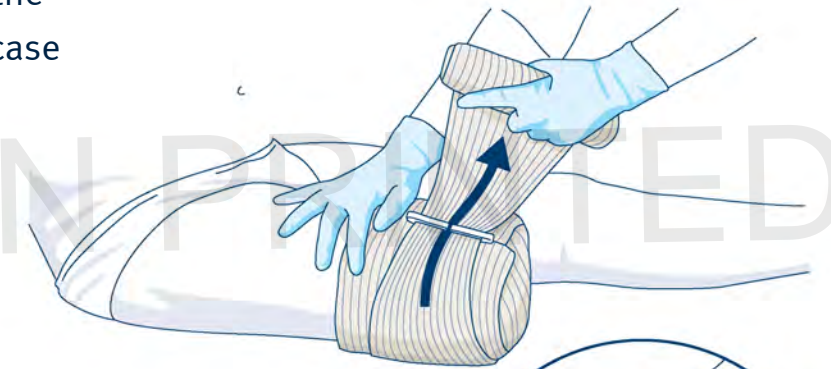
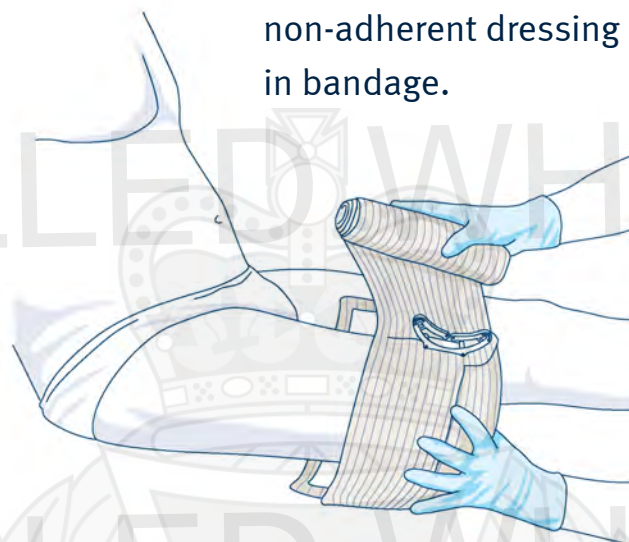


## Procedure – Leg/arm amputation

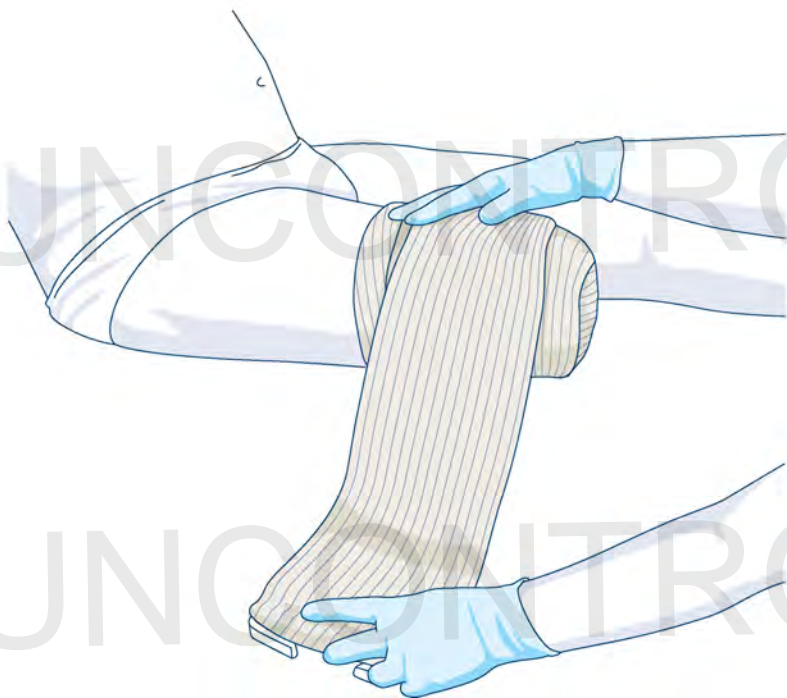


1. Remove selected bandage from packaging and remove plastic barrier if not required.

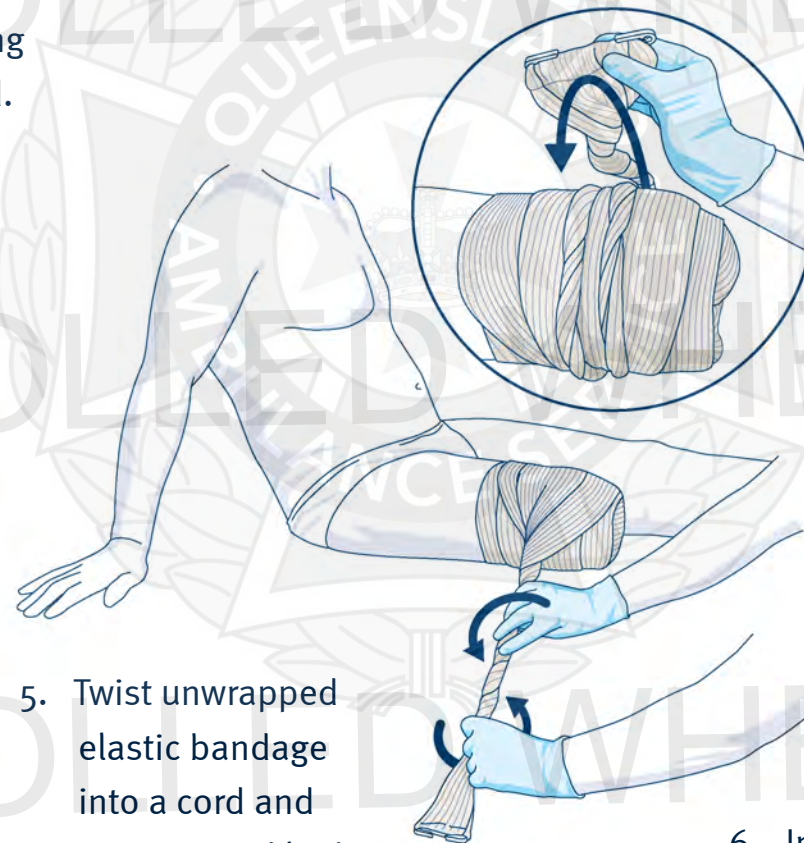
2. Place stump into the centre of the non-adherent dressing and encase in bandage.



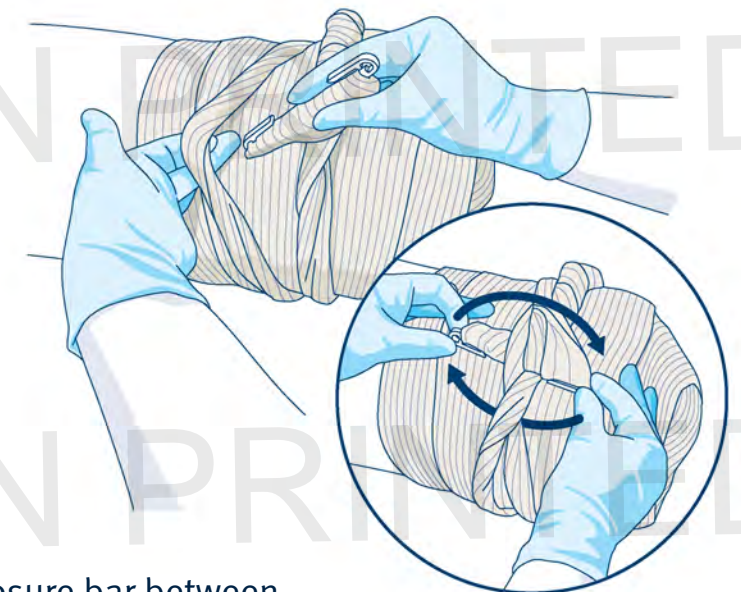
3. Wrap bandage around limb and insert into pressure applicator. Pull bandage firmly in opposite direction and continue bandaging covering all edges of non-adherent pad.



4. Leave 2–3 unwrapped revolutions of wrapping leader.



5. Twist unwrapped elastic bandage into a cord and wrap around limb on previously wrapped leader above edge.

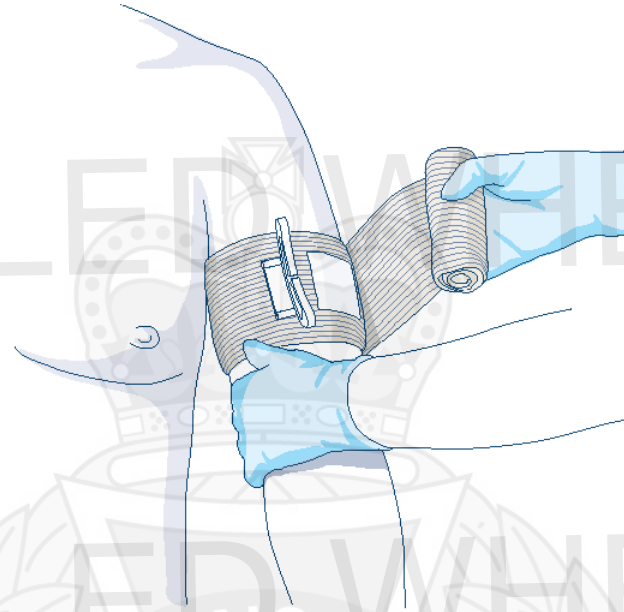


6. Insert closure bar between wrapped cords and rotate to effect tourniquet. Secure wrapping leader with hooks and closure bar.

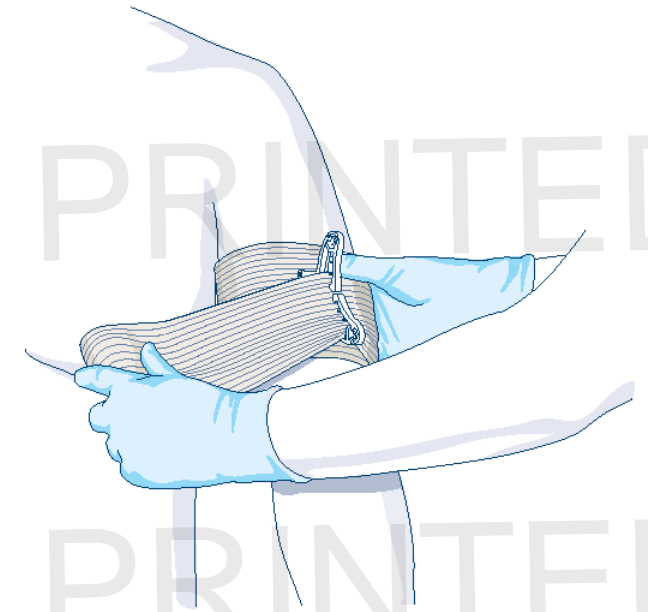
## Procedure – Leg/arm wound



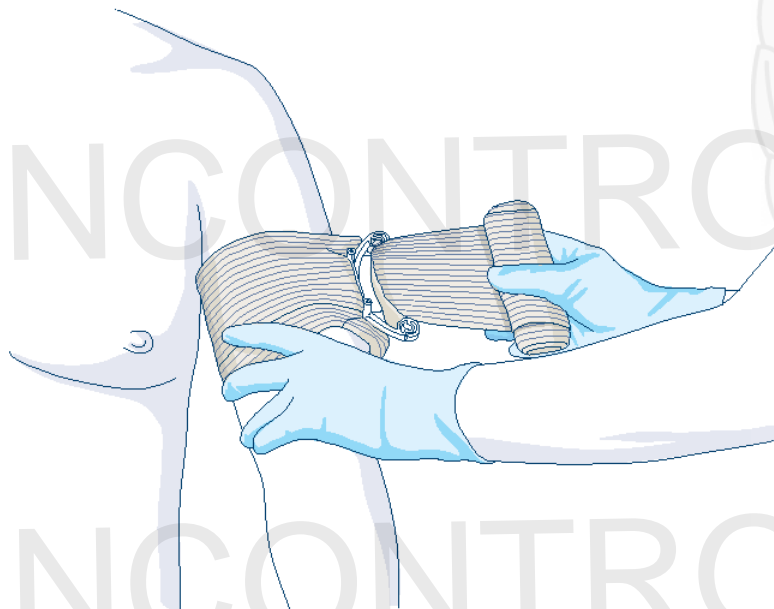
1. Remove bandage from packaging and place pad on wound.



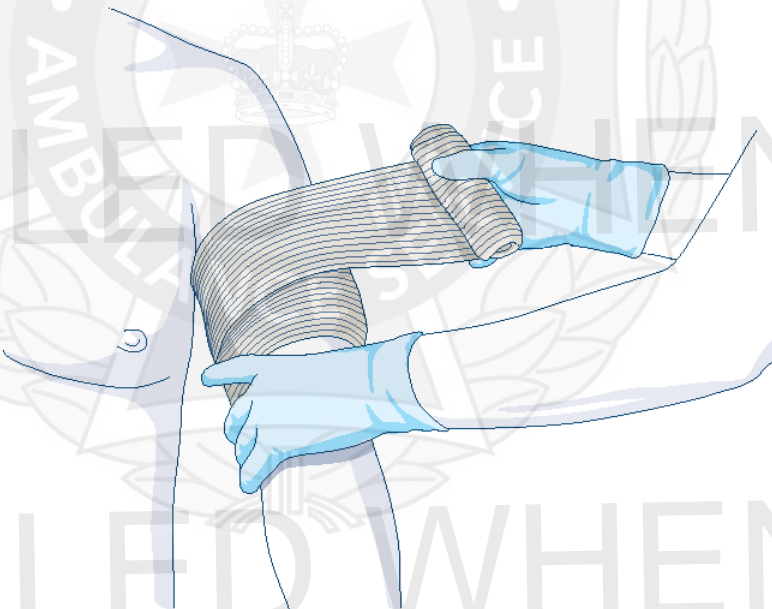
2. Wrap the bandage one revolution around the limb.



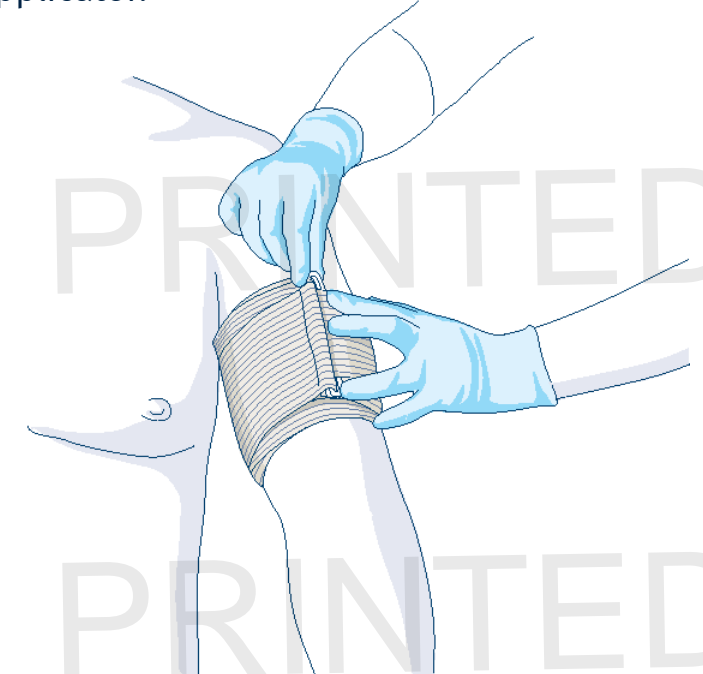
3. Insert the bandage through the pressure applicator.



4. Firmly pull the bandage to lower the pressure applicator and continue to bandage the limb in the opposite direction to that commenced.



5. Continue to tightly bandage the limb ensuring all edges of the non-adherent dressing are covered.



6. Secure the hooking ends of the closure bar onto the bandage.





## Additional information

- The QAS supplies **three** (3) sizes of Emergency Bandages:

SPECIFICATIONS			
Bandage	Product dimensions	Suggested uses	Colour
FCPo1	10 x 17 cm non-adherent sterile pad connected to a 10 cm x 4.5 m elasticized bandage	<ul style="list-style-type: none"><li>• Head wounds</li><li>• Neck wounds</li><li>• Arm/leg wounds</li></ul>	Green
FCPo2	15 x 18 cm non-adherent sterile pad connected to a 15 cm x 4.5 m elasticized bandage	<ul style="list-style-type: none"><li>• Head wounds</li><li>• Neck wounds</li><li>• Arm/leg wounds</li><li>• Arm amputations</li></ul>	Green
FCP10+	30 x 30 cm non-adherent sterile pad with a removable moisture seal (plastic barrier) connected to a 25 cm x 4.5 m elasticized bandage	<ul style="list-style-type: none"><li>• Arm/leg wounds</li><li>• Arm/leg amputations</li><li>• Abdominal wounds/ eviscerations</li></ul>	White

