ATTN TREATMENT FACILITY:
A hemostatic dressing for non-compressible hemorrhage was used in the treatment of this casualty. Each device comprises approximately 92 small hemostatic sponges individually marked with an X-shaped radiopaque marker.

WARNING: Triangular segments of the applicator tip (FIG. 1) may break away during treatment and remain in the wound. These segments are visible under X-ray. If any separations occurred, the number of retained applicator tips may be noted on this casualty card.

FIG. 1: TRIANGULAR SEGMENT OF APPLICATOR TIP

PRODUCT REMOVAL INSTRUCTIONS:

WARNING: Sponges must be removed intraoperatively by surgeon with the capability and equipment for achieving proximal and distal vascular control.

1) Survey the wound site and assess potential vascular bleeding sites and develop plan to achieve surgical control of injured vessel(s).

2) Remove sponges from the wound site manually and/or with surgical forceps to the site(s) of bleeding.

3) Thoroughly explore wound and remove all sponges and any triangular segments of the applicator tip.

4) Prior to wound closure, obtain plane x-ray, optimally in more than one projection. The presence of retained sponges may be easily missed on radiographic images. Thoroughly examine x-ray for radiopaque x-pattern of sponges and any triangular segments of the applicator tip that may be inadvertently retained in the wound cavity.

5) If sponges or applicator tip segments are identified via x-ray, carefully re-examine wound cavity and remove them. Perform and review second x-ray to confirm complete sponge and applicator tip segment removal.


Contains material derived from shellfish.
Name/ID: ______________________________________
DTG: ______________   Allergies: __________________
Friendly               Unknown             NBC

A: Intact          Adjunct          Cric          Intubated
B: ChestSeal          NeedleD          ChestTube
C: TQ          Hemostatic          Packed
PressureDx          IV          IO          XSTAT

FLUIDS:         NS / LR           500          1000          1500
Hextend          500          1000
Others:

DRUGS: (Type / Dose / Route):

Pain
Abx

No. of XSTAT applied: 1    2    3

Notes: ____________________________________
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
Medic's Name: ____________________________________

GSW     BLAST     MVA     Other: ___________________

TIME
AVPU
PULSE
BP
RESP
FRONT
BACK

No: ____________________________
DT: ____________________________
Allergies: ______________________
Name/ID: ________________________