Indications:

- Life-threatening junctional hemorrhage (inguinal or axillary) not controlled by direct pressure, wound packing, or limb tourniquet.

Precautions:

- Ensure placement is directly over inguinal crease or mid-axillary line.
- Patient should be supine on a firm surface to ensure adequate pressure.
- Maximum time the AAJTS should be applied is 4 hours for junctional application.

Procedure:

1. Expose wound and identify site of bleeding.
2. Place device over inguinal crease or mid-axillary line
3. Remove slack from securing straps, tighten device, and inflate bladder until device indicator is green **AND** bleeding has stopped.
4. Reassess frequently for:
    a. Continued bleeding
    b. Loss of device seal
    c. Signs of distal ischemia or device displacement
5. Document time of inflation of bladder and communicate to receiving providers

Considerations:

- Do not deflate the AAJTS in the field unless specifically directed by medical control or after transfer of care.
- All patients require rapid transport to a Level I/II trauma center.
- Maximum application time $\leq$ 4 hours

Indications:

- Traumatic cardiac arrest with suspected thoracoabdominal trauma
- Peri-arrest patient with uncontrolled pelvic/junctional hemorrhage when other measures fail

Contraindications:

- Known pregnancy
- Known or suspected abdominal aortic aneurysm (AAA)

Precautions:

- Patient should be supine on a firm surface to ensure adequate pressure.
- Maximum time the AAJTS should be applied is 1 hour for abdominal application.
- Anticipate ischemic pain if the patient is conscious

Procedure:

1. Expose abdomen and identify umbilicus
2. Place bladder of device centered over umbilicus
3. Remove slack from securing straps, tighten device, and inflate bladder until device indicator is at least past green **AND** bleeding has stopped.
4. Confirm lack of femoral pulses and/or improvement in proximal perfusion
5. Reassess frequently for device displacement and physiologic response
6. Document time of inflation on device and communicate to receiving providers

Considerations:

- Use in conjunction with TXA, hypothermia prevention and trauma management.
- Anticipate re-bleeding upon device removal - coordinate with receiving team.
- All patients **MUST** be transported to a Level I/II trauma center.
- Maximum application time for abdominal placement should be less than 1 hour.