

Care of Bleeding Wounds

BLEEDING WOUNDS

This leaflet offers advice on dealing with various types of bleeding wounds that may occur during exercise or while playing sport. It is not intended as a substitute for consultation with a medical professional.

SELECT YOUR DRESSING

This will vary depending on the wound and what you have available. Gauze swabs and adhesive tape may be enough, especially if you are returning to competition. Tubigrip-type elastic bandages can be very useful in holding on dressings while continuing to allow playing movement. Non-adhesive dressings (eg. crepe bandages or first aid dressing packs) tend to loosen and fall off during play but are often suitable for after the event or for transfer to hospital.

FAINTING

If you get dizzy or feel as if you might faint, lie flat on the ground with your feet elevated (ie. up on a chair). This allows blood to return to the head. Continue to apply pressure on the bleeding wound and cover it to prevent possible infection with dirt. If someone else has fainted it is also important to make sure their airway is clear and if they remain unconscious put them in the recovery position (ie. lie on their side with mouth open) and get medical help.

RETURNING TO SPORT

This decision depends on:

- The severity of the wound (depth, length, site, clean or ragged edges)
- The sport
- The level and importance of the competition (eg. just one last triple jump)
- The rules and laws of the sport on re-return to play (eg. martial arts, rugby)
- The amount of contact to the wound in continuing to participate (eg. around the eye in boxing).

If you have a cut in which the bleeding is controlled by a simple dressing and which is not covering a moving joint that will reopen with activity, it may mean return to play is possible that day. With wounds over

**PRINCIPALS =
OF CARE**

**CONTROL
BLEEDING
BY LOCAL
PRESSURE**

**+ CLEAN
WITH WATER
OR SALINE**

**+ COVER
WITH
CLEAN
DRESSING**

IMMEDIATE TREATMENT OF BLEEDING WOUNDS

Put gloves on (non-latex disposable)

Clean initial dirt off with squirty water bottle and gauze swabs – at first this does not need to be sterile

Clean more thoroughly with clean (ideally sterile) water or saline (if available) and sterile gauze swabs (if available)

Assess wound site and size (depth and length)

- Is it very ragged with sides apart?
- Does it still bleed despite local pressure?

May need professional cleaning and putting together

Cover with dressing or gauze swabs

It is advisable to then seek further medical help

- Will the sides come together by themselves?
- Does the bleeding stop after local pressure?

May heal without further medical help

Cover with dressing or sticking plaster, pulling edges together neatly

If the wound starts bleeding again or it becomes red and pus oozes over the next few days then seek medical help as this is a possible sign of infection



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moving joints such as knees and elbows, it is advisable that you stop play until the wound has healed sufficiently. While the bleeding may be controlled by local pressure, even the smallest movement may open it up again.

STAY PROTECTED

A number of infections, some potentially life-threatening, may be transmitted through blood and it is impossible looking at a field of athletes to know who carries a potentially infectious condition in their blood or body fluids (eg. the clear serum ooze of grazes which can be equally infectious).

You may not even know yourself if you have an infection. It is therefore advisable for anyone treating your wound to wear gloves. It is also a good reason why wounds should be covered with dressings as soon as possible. HIV and hepatitis can be transferred from a bleeding wound to the first aider or other athletes via any tiny break in the skin, even something as small as a tear in the skin along the side of a fingernail. Equally the infection may come from an external source, for example tetanus can be transferred into a bleeding wound from the soil or pitch as can other infections from other athletes or from the ground or air.

SPECIFIC SITES OF WOUNDS

Facial wounds: These can leave unsightly



cosmetic scars and are best assessed by a doctor, as even small cuts on the face may need to be repaired surgically.

Scalp wounds: Treat by applying local pressure (it may be required for more than 10 minutes) to control scalp bleeding and stitches may be required by a medical professional. Beware if a high force was involved as the skull may be fractured underneath which will require proper medical assessment. It is very common for people to feel faint at the sight of blood, especially the amount of blood a scalp wound can spread over snow or clothing. So remember not to panic and continue to apply pressure to the wound. Scalp wounds may require suture, staples or gluing together at hospital.

Bleeding noses: Treat by pinching the soft (lower third) of the nose, leaning forward to stop blood running down the back of the throat which may cause vomiting and the nose to restart bleeding. Do not try to pinch the hard bone part of the nose as it may be broken and sore. You may have to hold it for 10 minutes. If the bleeding does not stop after 10-15 minutes it is advisable to get further medical advice or visit the hospital.

Astroturf or equivalent grazes: Clean with water and cover with a dry dressing during the game. Later the wound may be better treated by semi-permeable dressing.

Teeth knocked out of socket: DO NOT WASH THE TOOTH. Place the tooth in milk or salty water (eg. contact lens fluid). Apply local pressure via a wet gauze swab to the tooth socket. Get to the dentist as quickly as possible.



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