

Appendix Proposed Guideline for Use of Pediatric Tourniquets:

- (a) Select the most proximal portion of the limb as the cuff location
- (b) Select the widest cuff suitable for the selected limb location and the surgical procedure
- (c) If possible select a limb protection sleeve specifically designed for the selected cuff. If such a sleeve is not available, apply two layers of tubular stockinet, sized such that it is slightly stretched when applied to the limb at the cuff location and such that the compression applied by the stockinet is less than venous pressure (~20 mmHg) and less than the pressure of a snugly applied cuff
- (d) Apply the pediatric tourniquet cuff snugly over the limb protection sleeve
- (e) Using the applied cuff, measure the patient's Limb Occlusion Pressure (LOP), and set the tourniquet pressure at LOP plus a safety margin, normally 50 mmHg for a normotensive pediatric patient having a normal limb
- (f) Exsanguinate by elastic bandage or elevation, as appropriate for the patient and procedure
- (g) Inflate the tourniquet cuff and monitor the tourniquet during use, as recommended by the manufacturer
- (h) In the event that arterial blood flow is observed past the tourniquet cuff, increase tourniquet pressure in 25 mmHg increments until blood flow stops
- (i) Minimize tourniquet time
- (j) Immediately upon deflation of the tourniquet, remove the cuff and sleeve from the limb.