



Clinical Practice Procedures: Trauma/Haemostatic – CELOX™-A granule applicator (pilot)

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| Policy code | CPP_TR_HCA_0924 |
| Date | September, 2024 |
| Purpose | To ensure a consistent procedural approach to the use of haemostatic – CELOX™-A granule applicator. |
| Scope | Applies to Queensland Ambulance Service (QAS) clinical staff. |
| Health care setting | Pre-hospital assessment and treatment. |
| Population | Applies to all ages unless stated otherwise. |
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Haemostatic – CELOX™-A granule applicator (pilot)

September, 2024

CELOX™-A granules contain an activated chitosan derivative with haemostatic properties, designed to control life threatening bleeding from small entry penetrating wounds such as bullets, blast fragments or stabbing injuries.^[1]

The single use granule filled applicator delivery system enables the haemostatic granules to be rapidly applied directly to the source of bleeding.

Once applied, the granules absorb fluid from the blood, expand and coagulate to form a gel-like clot that plugs the bleeding source and seals the wound.

The CELOX™-A applicator is comprised of two components:

- A capped applicator which holds the haemostatic granules
- A plunger



Indications

- External traumatic wounds requiring haemostasis

Contraindications

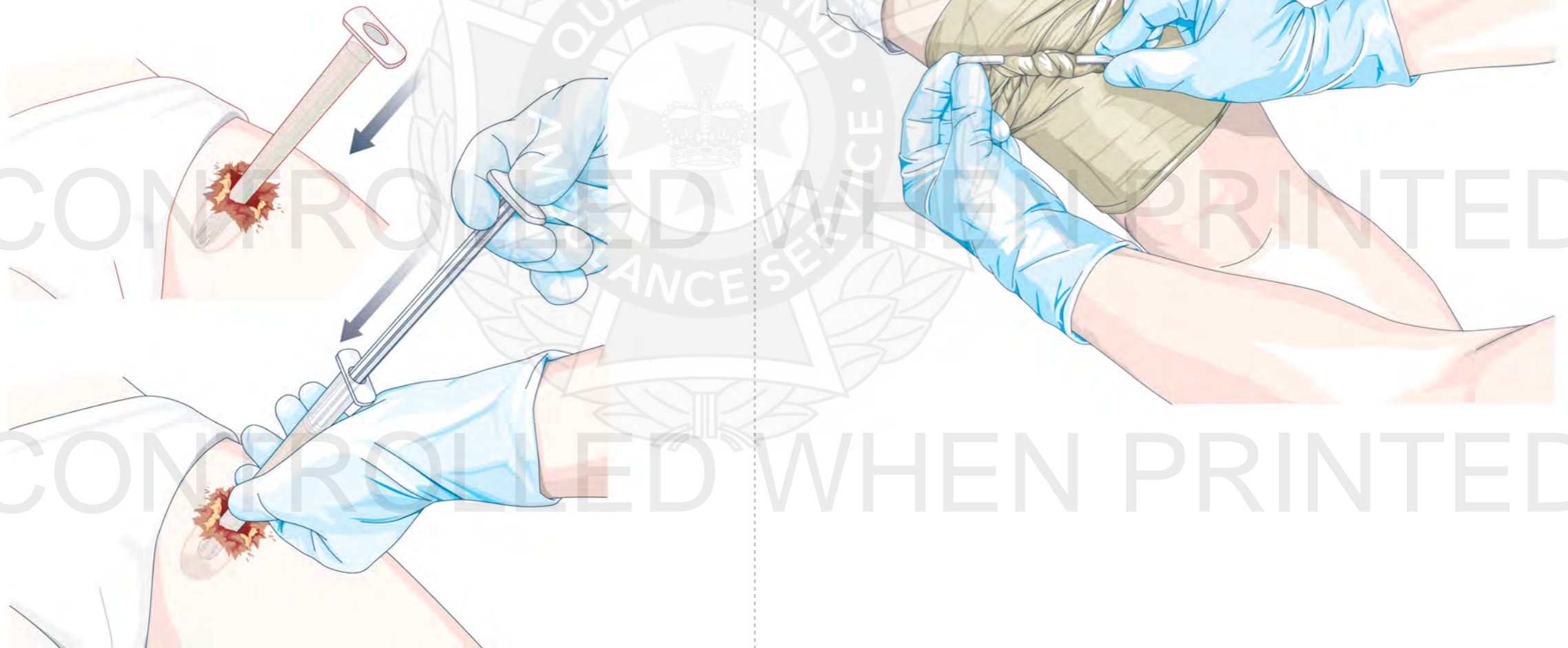
- Wounds involving exposed organs (e.g., bowels)
- Sucking chest wound
- Injuries to the eyes and airways
- Neonates and infants

Complications

- Nil

Procedure – Haemostatic – CELOX™-A granule applicator (pilot)

1. Open the CELOX™-A package at the 'tear here' line as indicated.
2. Remove the plunger without contaminating the tip.
3. Hold the granule filled applicator in the pack vertically to prevent granule spillage, then while still in the pack, remove the end cap using the plastic tab.
4. Insert the plunger into the applicator barrel and remove it from the pouch using the barrel's T-section finger tabs.
5. Just prior to use, grip and remove the blue plastic cap from the end of the applicator.
6. Insert the applicator with plunger attached, as far as it will go into the wound.
7. Slowly press the plunger in to dispense the granules as you withdraw the applicator from the wound.
8. For deep/large wounds more than one applicator may be required.
9. Cover the wound with gauze and apply firm pressure for five minutes.
10. If bleeding persists after 5 minutes, re-apply pressure for a further 5 minutes.
11. Wrap the wound site with a bandage – consider using an emergency bandage if required.



Additional information

- The potential for exposure to blood and body fluids during this procedure is **HIGH**. All precautions that serve to minimise the risk to the clinician and patient must be maintained.
- Injuries with severe cavitation, such as those from a high velocity gunshot wound, may require more than one application to appropriately pack the wound.
- Once deployed, do not attempt to remove haemostatic granules from the wound.
- Clinicians must ensure that the use of CELOX™-A is recorded on the patient's eARF and also verbally conveyed to the hospital at handover.
- Clinicians must ensure that hospital staff are aware of CELOX™-A removal instructions:
 1. Physically remove any unused granules and gel plug from the wound. Enlarge wound if necessary.
 2. Thoroughly irrigate the wound and surrounding tissues with sterile saline solution to remove any residue.
 3. Proceed with normal wound cleansing procedures.
 4. Ensure all product is removed from the wound prior to initiation of wound treatment.