Tom has a life-threatening bleeding from a deep chainsaw laceration to his right thigh. The rate of bleeding, his pale skin, and the statement “I’m dizzy” point to rapid blood loss and either ASR, early volume shock, or both. This is a vascular emergency, likely involving branches of the femoral artery or vein.

Expose the wound briefly and clear away just enough blood to identify the bleeding site. Apply a commercial tourniquet 5–7 cm above the wound (never over a joint). Tighten until bleeding stops and the distal pulse is absent. You may need two tourniquets. Record the exact time of application. Lay Tom on his back, insulate him from the ground, and cover him to prevent heat loss. Monitor mental status, breathing, skin color, and pulse. Keep him still and calm. Arrange the fastest possible evacuation. If you have cell coverage, request EMS response to the nearest accessible point.

Monitor the wound and vital signs continuously. Because you are five hours from the hospital, attempt a conversion, ideally within two hours, if Tom is warm, alert, and not showing the late signs and symptoms of volume shock. If you cannot convert the tourniquet, Tom is in danger of losing his leg.

Pack the wound with hemostatic gauze, overpack slightly, and apply a snug pressure bandage. If you used only one tourniquet to stop Tom's bleeding, add a second tourniquet above the first but don't tighten it. It's for backup only. Loosen the primary tourniquet slowly and watch closely to see if the hemostatic gauze and pressure bandage are successfully controlling the bleeding. If so, keep the second, loosened tourniquet in position as a backup, and begin a level 1 evacuation.

If bleeding restarts or cannot be controlled, re-tighten immediately, leave the tourniquet in place, and begin a level 1 evacuation. Do not attempt to convert again. Document times and findings.

Carefully move Tom to the truck and transport him toward definitive care; if possible, coordinate with EMS to meet them en route. Pad and immobilize the injured leg using a sandwich splint to reduce discomfort. Offer oral OTC pain meds if Tom is awake and there are no contraindications. Transport Tom on his back and keep him warm.