### Interventions to control bleeding

1. Clean the wound gently, with irrigation, without rubbing the lesion, in order to protect the friable tissue. [21, 39]
2. Directly apply pressure. [7, 18, 21, 24]
3. Apply local ice packs. [21]
4. Non-fibrous materials that include silicone are recommended in order to avoid greater adhesion on the wound bed and possible bleeding in the exchanges. [2, 17, 21, 39]
5. Administer superabsorbent compresses. [17]
6. Apply natural hemostatic dressings: calcium alginate [1, 17-19, 21, 24]; sodium alginate [1]; collagen-based dressing and oxidized regenerated cellulose. [1, 19, 21, 24]
7. Apply astringents: sucralfate paste [1, 7, 21, 24] (1 tablet of 1g sucralfate macerated in 5 ml of SS 0.9% and/or alum solution). [1]
8. Apply sclerosing agents: silver nitrate on bleeding sites [1, 19, 21-22, 24] and/or trichloroacetic acid. [1]
9. Administer epinephrine locally on bleeding sites or adrenaline-saturated gauzes, restrictively, as it may aggravate tissue necrosis. [2, 19, 21-24]
10. Apply coagulants in cases of more profuse capillary hemorrhage, such as surgical sponges [1-2, 21-22, 24] and/or topical thrombin. [1, 7, 22, 24]
11. Apply/Administer inhibitors of fibrinolysis: topical or systemic tranexamic acid. [1-2, 22, 24]
13. Other bleeding control modalities include: therapeutic embolization; intra-arterial infusion of chemotherapeutic agents [1, 19, 21, 22, 24]; suture of a nearby vessel; laser treatment and electric cauterization. [1, 23-24]
14. Use dark towels to absorb blood and recommend the use of dark clothes in order to avoid distress to the patient who presents with dreadful bleeding. [2, 24]

**Source:** Research data, 2016