To complete this activity, the participant will need to access and read the Pneumatic Tourniquet section within the 2018 AORN Guidelines for Perioperative Practice. AORN. (2018). Pneumatic Tourniquet. In Guidelines for perioperative practice (pp. 157-182). Denver, CO: AORN.

* Content reviewed by the CCI Nursing Education Department for alignment with clinical practice standards. CCI does not require, recommend, or endorse specific training programs in specialized practice areas for any of its exams. This is an example of a future points activity for recertification in collaboration with CCI.

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**ACROSS**

1. Repositioning of a tourniquet after final placement may result in a(n) __________ injury to tissue.

5. Tourniquet pressures that are __________ may be necessary for extremities with a larger circumference to achieve vessel occlusion.

9. A tourniquet that is loose and slips may result in a __________ burn of the patient’s skin.

11. Based on evidence, __________ use of the tourniquet cannot be assumed.

12. The surgeon should determine the tourniquet inflation pressure based upon the patient’s __________ blood pressure or limb occlusion pressure.

13. During the use of local anesthesia and a dual bladder tourniquet, __________ determines when the tourniquet is to be deflated.

**DOWN**

2. According to studies, the highest release of __________ occurs within one minute of tourniquet deflation.

3. A(n) __________ in core body temperature may occur when the lower extremity tourniquet is deflated.

4. In the case of infection, malignant tumor, or fracture, exsanguination should occur through __________ of the extremity.

6. One of the most common complications of pneumatic tourniquet use is __________.

7. __________ tourniquets are recommended for patients with a tapering of the extremity.

8. Prior to inflation of the tourniquet, __________ should occur.

10. In addition to inspecting the O-rings, connectors and the cuff, the __________ should be inspected for cracks, leaks or other damage.