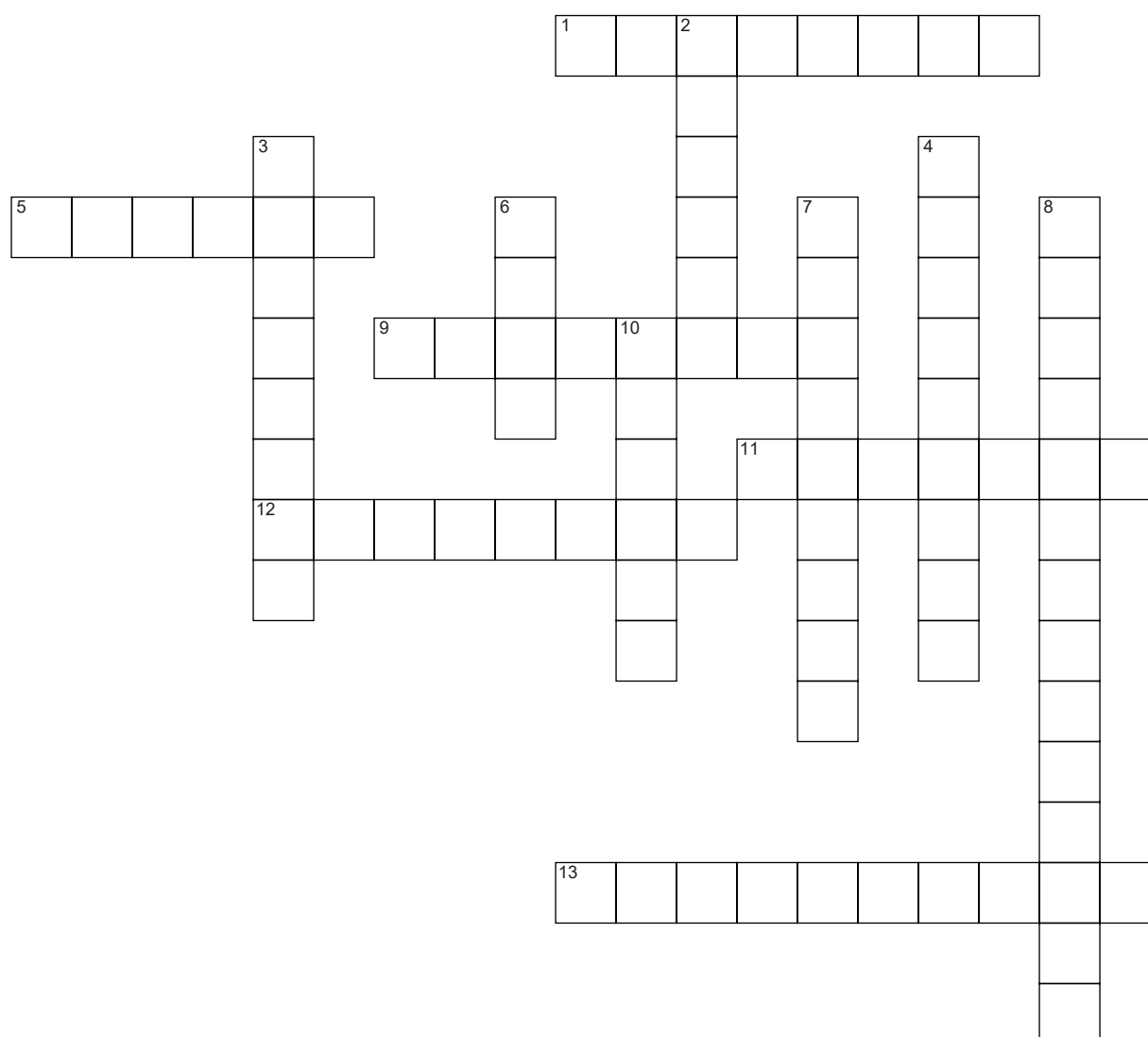


Pneumatic Tourniquet

CW118

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.



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.

* 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.

