



How to Treat a Bullet Wound

Expert
Reviewed

Four Parts: [Providing Basic First Aid](#) [Assessing the Victim's Status](#) [Treating a Wound in the Arms or Legs](#) [Treating a Sucking Chest Wound](#)

Gunshot wounds are one of the most traumatic injuries you can suffer. It's difficult to assess the extent of damage done by a gunshot wound, and it typically far exceeds what you can reasonably treat with first aid. For this reason, the best option is to get the victim to a hospital as soon as possible. However, there are some first aid measures that you can take before professional assistance arrives.

Part
1

Providing Basic First Aid

- 1 Establish that you are in a safe position.** If the victim was shot unintentionally (e.g., while [hunting](#)), make sure that everyone's [firearm](#) is pointed away from others, cleared of ammo, safe, and secured. If the victim was [shot](#) in a crime, verify that the shooter is no longer on the scene and that both you and the victim are safe from further injury. Wear personal protective equipment, such as latex gloves, if available.
- 2 Call for help.** Dial 911 for emergency medical assistance. If you are calling from a cell phone, be certain that you can provide the operator with your location. The operator will have difficulty locating you otherwise.^[1]
- 3 Keep the victim in place.** Do not move the victim unless you must do so to keep him safe or access care. Moving the victim could aggravate a spinal injury. Elevating the wound can limit bleeding, but should not be considered unless you are confident that there is no spinal injury.
- 4 Act quickly.** Time is your enemy in treating the victim. Victims who reach medical facilities during the "Golden Hour" have a much better likelihood of surviving. Try to keep your movements swift without making the person feel more upset or panicked.
- 5 Apply direct pressure to control bleeding.** Take cloth, bandage, or gauze and press directly against the wound using the palm of your hand. Continue for at least ten minutes. If bleeding does not stop, check the location of the wound and consider re-positioning yourself.^[2] Add new bandages over the old; do not remove bandages when they become soaked.^[3]
- 6 Apply dressing.** If the bleeding subsides, apply cloth or gauze to the wound. Wrap it around the wound to apply pressure. Do not, however, wrap so tightly that the victim loses circulation or feeling in her extremities.^[4]
- 7 Be prepared to treat the victim for shock.** Gunshot wounds frequently lead to shock, a condition caused by trauma or loss of blood. Expect that a gunshot victim will show signs of shock and treat them accordingly by making sure the victim's body temperature remains consistent — cover the person so that he does not get cold. Loosen tight clothing and drape him in a blanket or coat. Typically you would want to elevate the legs of someone experiencing shock, but refrain from doing so if they might have a spinal injury or a wound in the torso.^[5]
- 8 Give reassurance.** Tell the person that she's okay and that you're helping. Reassurance is important. Ask the person to talk to you. Keep the person warm.
 - If possible, ask the person about any medications she is taking, any medical conditions (i.e. diabetes, hypertension), and any drug allergies she may have. This is important information and may distract her from her wound.
- 9 Stay with the person.** Continue to reassure and keep the victim warm. Wait for the authorities. If the blood congeals around the bullet wound, do not remove blood mats on wound, as this is acting to stopper the blood and

prevent any more from flowing out.

**Part
2****Assessing the Victim's Status**

- 1 Remember the A, B, C, D, E's.** For advanced treatment it is important to consider the status of the person. A, B, C, D, E is an easy way to remember the important factors you should consider. Assess these five critical factors to see what sort of assistance the victim requires.^[6]
- 2 Check the airway.** If the person is talking, his airway is probably clear. If the person is unconscious, check to make sure that his airway is not obstructed. If it is and there is no spine injury, perform a head tilt.^[7]
 - Apply gentle pressure to the forehead with the palm of one hand, while placing the other under the chin and using it to tilt the head back.^[8]
- 3 Monitor breathing.** Is the victim taking regular breaths? Can you see her chest rising and falling? If the victim is not breathing, sweep her mouth for obstructions and start **rescue breathing** immediately.
- 4 Check circulation.** Apply pressure to any bleeding, then check the victim's **pulse** at the wrist or throat. Does the victim have a discernible pulse? If not, begin **CPR**. Control any major bleeding.
- 5 Look for disability.** Disability refers to damage to the spinal cord or neck. Check to see if the victim can move his hands and feet. If not, there may be an injury to the **spinal cord**. Look for compound or obvious fractures, dislocations, or anything that looks out of place or unnatural. If the victim shows signs of disability, you should refrain from moving him or her.
- 6 Check for exposure.** Look for an exit wound. Check the victim as thoroughly as possible for other wounds that you may be unaware of. Pay special attention to the armpit, buttocks or other difficult-to-see areas. Avoid completely undressing the victim before emergency help arrives as this may advance shock.

**Part
3****Treating a Wound in the Arms or Legs**

- 1 Elevate the limb and apply direct pressure to the wound.** Carefully assess the situation to determine that there is no sign of disability or any wounds that would suggest the victim sustained a spinal injury. If this is the case elevate the limb above the heart to reduce blood flow. Apply direct pressure to stop bleeding as described above.
- 2 Apply indirect pressure.** In addition to direct pressure, it is also possible to apply indirect pressure for limb injuries to limit the blood flow to the wound. This is done by putting pressure on arteries or, as they are sometimes called, pressure points. They will feel like particularly large and hard veins. Applying pressure to them will limit internal bleeding, but you need to apply pressure to verify that the artery applies to the wound.^[9]
 - To slow blood flow to the arm, press on the brachial artery on the inner side of the arm, opposite the elbow.
 - For groin or thigh injuries, apply pressure to the femoral artery, between the groin and the upper thigh. This one is particularly large. You will have to use the entire heel of your hand to reduce circulation.
 - For lower leg wounds, apply pressure to the popliteal artery, behind the knee.
- 3 Make a Tourniquet.** The decision to apply a tourniquet should not be taken lightly because it might result in loss of limb. But if the bleeding is extremely severe and you have bandage or fabric on hand you can, consider **making a tourniquet**.
 - Wrap bandage tightly around the limb, between the wound and the heart, as close to the wound as possible. Wrap around limb several times and tie a knot. Leave enough fabric to tie a second knot around a stick. Twist stick to restrict blood flow.^[10]

Part
4

Treating a Sucking Chest Wound

- 1 Recognize a sucking chest wound.** If a bullet has penetrated the chest, it is probable that a sucking chest wound exists. Air is coming in through the wound, but not coming out, collapsing the lung. Signs of a sucking chest wound include a sucking sound emanating from the chest, coughing up blood, frothy blood coming from wound, and shortness of breath. When in doubt, treat the wound as a sucking chest wound.^[11]
- 2 Find and expose wound.** Look for the wound. Remove clothes from wound. If some fabric is stuck to the wound, cut around it. Determine if there is an exit wound and if so apply procedure to both sides of the victim's wound.
- 3 Seal the wound on three sides.** Take airtight material, plastic is best, and tape it around the wound, covering all sides except for the bottom corner. Oxygen will escape from this hole.^[12]
 - As you seal the wound, encourage the patient to completely exhale and hold his or her breath. This will force air out of the wound before you seal it.^[13]
- 4 Apply direct pressure to both sides of the wound.** It is possible to do this with two pads over each wound, held very tightly in place by a wrapped bandage.
- 5 Carefully monitor the patient's breathing.** You can do this by talking to the conscious patient, or watching the chest rise and fall.
 - If there is evidence of respiratory failure (stopping breathing), reduce pressure on the wound to allow the chest to rise and fall.
 - Prepare to perform rescue breathing.
- 6 Do not release pressure or remove the seal you made when medical assistance arrives.** They will either use your seal or replace it with a better one.

Community Q&A

Can the wounds be cleaned with water? Or should I use peroxide?

Jonas DeMuro,
M.D.

The wound from a bullet is actually the least of your concerns, as the bullet is essentially sterile from coming out of the gun with the gunpowder. The real issue is the damage to the structures beneath the bullet wound, and these are potentially serious issues. Therefore, the wound needs to be seen immediately in the ED by a team of physicians that have experience with trauma.

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What do you do if the bleeding doesn't stop or slow after 20 minutes of applied pressure, bandages etc.?

Jonas DeMuro,
M.D.

Any bullet wound should be seen immediately, as this is a medical emergency. Any delay easily means the difference between life and death in many cases. It is fine to apply pressure (with appropriate safety precautions, including gloves and eye/mouth protection) while waiting for the ambulance to arrive after calling 9-1-1.

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Chat with this expert

How do I keep infection from spreading?

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Infection takes hours or days to develop. In that time, the person can be treated by antibiotics. Unless you're rolling around in the mud, infection is the last thing you have to worry about.

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What's the difference between rescue breathing and CPR?

Rescue breaths are performed on someone who has stopped breathing on his/her own. It can be performed on people

who have stopped breathing and also when performing CPR. CPR is performed on someone when their heart has stopped and there is no circulation. Usually they are performed together. When someone does CPR, they give the victim two rescue breaths after every 30 pushes on the chest, and they continue until help arrives.

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How do I apply pressure to a wound?

Cover the wound with a clean bandage or cloth-like material. Next, depending on the size of the wound, use your fingers, palm, or heel of your hand and press firmly on the wound to stop the bleeding.

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How should I apply pressure to a wound?

By tightly wrapping a wound with a bandage and carefully holding it to reduce blood flow.

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How do I treat the wound if it is red and has pus coming out?

Wrap the wound in any type of cloth or cloth-like material (e.g. clothing of any sort). Apply pressure so that the blood clots quicker. The cloth will absorb all fluids, so it's a good idea to substitute a clean one every 5-10 minutes if the bleeding is excessive.

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Could I use what I learned for treating combat related wounds in the military for this?

Call 911 first. Go through 7 steps to evaluate a casualty. Elevate feet to prevent shock, apply direct pressure with any wound, and reassure the victim.

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What if the bullet hit the chest area, but I don't know if the bullet remains inside the body?

Check for an exit wound. If there is no exit hole (these can be quite large), you should assume that the bullet is still inside the body cavity. You should treat the wound as though the bullet is still inside.

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Should I ask for a victim's blood type, assess the severity of the blood loss and check for any potential arterial rupture that may cause death in minutes?

You should not need to know the blood type -- you never perform an on-the-spot blood transfusion. As for blood loss, a tourniquet may suffice the needs for the time being. Regarding arterial rupture, yes, absolutely! It is, believe it or not, your legal duty to help an injured person to the best of your ability -- their life is in your hands.

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Tips

- When medical assistance arrives, be prepared to inform them what you have done so far.
- Gunshots cause three types of trauma: penetration (destruction of flesh by the projectile), cavitation (damage from the bullet's shock wave in the body), and fragmentation (caused by pieces of the projectile or lead).^[14]
- It is very difficult to accurately assess the severity of a gunshot wound based upon what is visible on the victim; internal damage may be severe even in circumstances where the entrance and exit wounds are small.
- Do not worry about having sterile dressings or dirty hands. An infection can be treated later. However, do take precautions to protect yourself from the victim's blood or other liquids. Do yourself a favor and wear gloves if at all possible.
- Gunshot wounds are a common cause of spinal cord injury. If the victim appears to have a spinal cord injury, do not move him unless you absolutely must. If you must move the victim, be sure to keep the head, neck and back aligned.
- Pressure is key: it stops the flow and contains the blood to help create a blood clot.
- If a sucking chest wound is present, tilt the person on their side or blood may fill the other lung.

Warnings

- Avoid blood-borne illnesses. Make sure any open wounds you may have do not come in contact with the victim's blood.
- Even with the best first aid, gunshot wounds may be fatal.
- Do not put your own life at risk when treating a gunshot victim.

Sources and Citations

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