Abdominal Aortic and Junctional Tourniquet (AAJT)

**Core Differentiators**
- Lightest, most compact junctional tourniquet
- Only device indicated for pelvic bleeding
- Only device with human safety and efficacy research in each application site
- Only device to actually save human life in upper and lower junctional bleeding
- Stabilizes the pelvis

**Indications:** The AAJT is indicated to control difficult bleeding in the pelvis, inguinal area and axilla.

**Specifications**
- Packaged: 9W x 8D x 2H | .083 Cubic Ft
- Stored: 7.5W x 6.5D x 2H | .081 Cubic Ft
- Weight 17 oz. | 1.06 Lbs | 482 Gr
- Cobra Buckle | Auto-Safe Gauge | Pressure 250 mm Hg
- FDA 510(K) Clearance | CE Mark | 100% U.S. Made
- NSN: 6515-01-616-4999

**FOR PURCHASING & CLINICAL INFORMATION:**
Emergent Rescue Systems | (205) 482-6754 | crichards@emrescuesystems.com

**Axillary Application**
- Single arm amputation
- Penetrating arm or low shoulder wounds

**Abdominal Application**
- Pelvic fracture bleeding (blunt trauma)
- Pelvic bleeding (penetrating trauma)
- Groin bleeding (penetrating trauma)
- Bilateral lower extremity amputation

**Inguinal Application**
- Unilateral leg arterial bleeding not amenable to extremity tourniquet
- High junctional bleeding not amenable to limb tourniquet
- Uncontrolled bleeding - limb tourniquets ineffective
- Unilateral lower extremity amputation
Competitive Advantages

- Only junctional tourniquet (JTQ) with an indication for bleeding in the pelvis, which is a common complication in lower junctional trauma. The AAJT also stabilizes the pelvis.

- Pelvic hemorrhage, whether due to blunt or penetrating trauma, is a common cause of morbidity and mortality in multiple settings.

- In CASEVAC with altitude gains and corresponding bladder pressure rise, the pressure gauge automatically deflates the bladder when pressures rise above 300 mm Hg.

- Altitude changes account for less than 10% volume change. Bladder doesn’t fall below effective pressures on descent.

- Only JTQ to not show the return of arterial flow through collateral blood flow within 60 seconds. SAM JT 16%, CRoC 10% and JETT 6% failure due to collateral flow at 60 seconds with correct placement. AAT failure rate was 0%. (Kragh et al).

- Only JTQ to have actually saved human life in upper and lower junctional bleeding to date.

- Only JTQ with human research that supports its safety and efficacy at each of its applications sites. Why use any device that has not been proven in live humans for safety and efficacy?

- Only JTQ with independent international validation of its effectiveness and safety.

- Speed of application (mean time of application 45 seconds). Pre-assembled, ready for quick and easy use.

- Only JTQ simple enough to be applied by non-medical providers, since its application doesn't require knowledge of the vascular anatomy.

- Provides definitive cessation of arterial blood flow below the umbilicus, at the groin or in the axilla by stopping proximal arterial flow. Safety approved for 1 hour at abdominal site, 4 hours at junctional sites.

- Lower tissue pressures (<300 mm Hg) for increased comfort and decreased risk of secondary tissue and nerve injury. CRoC found to produce pressures up to 800 mm Hg (Kheirabadi), SAM JT up to 740 mm Hg (Johnson).

- Most stable junctional device during patient movement.

- Only JTQ found to remain effective at hemorrhage control during patient movement in hasty drags, confined space or other rescue maneuvers.

- Minimal effect on diaphragm movement and airway resistance during application. Increases in peak inspiratory pressure (PIP) and airway resistance are not significant.

- Can be applied to one inguinal region for one sided inguinal or leg injuries with pressures far lower than all other JTQs.

- Uses area compression with larger volume bladder design than any other pneumatic JTQ. All other JTQs use point compression, which requires precise placement over target.

- One device for all junctional bleeding.