

AirLink CCT

Pelvic Fracture Stabilization Procedure

Section A - Objectives:

1. Control life-threatening bleeding
2. Reduce and stabilize fractured pelvis
3. Pain management

Section B - Procedure

History

1. Mechanism of injury
2. Time of injury
3. Treatment prior to arrival

Assessment

1. Refer to General Management of the Trauma patient in protocols for initial assessment and management of traumatic injury.
2. Assess for abrasions and contusions around the pelvic area
3. Assess pelvic stability by bimanual compression of iliac wings
4. Assess limb length discrepancy and deformity
5. Assess for superficial hematoma above inguinal ligament, scrotum, and thigh
6. Assess rectal/vaginal areas for bleeding
7. Assess for scrotal pain and/or swelling

Management

Several methods are available for pelvic stabilization: pelvic sheet wrap or commercial devices such as the SAM Sling.

Application of the SAM Sling: For inter-facility transfers, consult with the sending facility regarding if this is an open or closed book fracture and necessity of splint application.

- A. Place the Pelvic Sling underneath the pelvis, centered on the greater trochanters. Assure the sling is smooth and that the patient's pockets are empty to avoid placing pressure on the objects into the patient.
- B. Move the adjustable strap so that it will allow enough tension to be made.

C. Place the strap through the buckle and pull tension until the buckle makes a popping sound. This indicates sufficient tension has been achieved.

D. Secure the strap by the Velcro to the side of the splint.

References

Trauma, Seventh Edition, Ernest E. Moore, Kenneth Mattox, David Feliciano, 2013

Essential Emergency Trauma, Daniel Egan, Joshua Quaas, Kaushal Shah, 2011

Emergent Management of Trauma, Third Edition. John Bailite, Foran Bokhari, Thomas Scaletta, Jeffrey Schaidler, 2011

Revised 1/2013