P. PELVIC STABILIZATION BINDER DEVICE

All levels of EMS clinicians, if appropriately trained in the device

1. INDICATIONS

All of the following blunt trauma patients with physical findings indicative of pelvic fracture should have a Pelvic Stabilization Binder Device applied.

a) Evidence of pelvic instability on examination of the pelvis
b) Patients complaining of pelvic pain on examination of the pelvis
c) Pain on iliac compression
d) Pain on compression of the pubic symphysis
e) Blood at the urethral meatus
f) Vaginal bleeding
g) Perineal or scrotal hematoma
h) All blunt trauma patients with an unreliable physical exam and significant mechanism of injury may be considered for application of a Pelvic Stabilization Binder Device.

PREGNANCY IS NOT A CONTRAINDICATION TO THE APPLICATION OF THE PELVIC STABILIZATION BINDER DEVICE WHEN INDICATED.

2. CONTRAINDICATIONS

a) Patient for whom the smallest available pelvic stabilization binder is too wide and places pressure on abdomen or chest
b) Children under 144 cm (4'8") will generally NOT fit small-size adult pelvic stabilizing devices. **(NEW ’20)**

3. PROCEDURE

a) Assess for pelvic instability.
   In order to not increase bleeding, only one exam should be performed to evaluate for pelvic fracture. Multiple exams will disrupt clot formation.
b) Identify the greater trochanter of each femur.
   The greater trochanter is the bony prominence of the lateral upper thigh.
c) Identify the anterior superior iliac spine.
d) Check size with estimating stabilization device and center at the greater trochanter. Ensure the top of the binder does not go above the anterior superior iliac spine.
e) The patient should be placed in a supine position prior to application of the pelvic stabilization binder device.
f) Place pelvic binder around the patient, centered at the level of the greater trochanter.
g) If a backboard is used, place the binder on the backboard prior to placing the patient on the backboard. **(NEW ’20)**
h) Ensure patient has been undressed and adequate exposure is provided.
i) Tighten the binder as directed by the manufacturer’s instructions for the specific stabilization binder.
j) Once pelvic stabilization binder device is applied, do not remove until directed to do so by a physician.

4. PRECAUTIONS

a) Incorrectly placing the pelvic stabilization binder device at the level of the iliac wing could cause harm by widening the pelvic fracture.
Assess after application of the pelvic stabilization binder device.
b) Continue with patient care.
c) EMS clinicians should also assess distal pulses before and after the application of the pelvic stabilization binder device.
d) For EMS units with long transport times and with patients requiring large volumes of fluid resuscitation, the patient will need to be periodically monitored to make sure that the device is not becoming too tight due to expansion of the pelvic area from accumulation of fluids that have third spaced to the pelvic area.
e) If clinicians feel the device is becoming too tight, it should be slowly loosened and then reapplied.