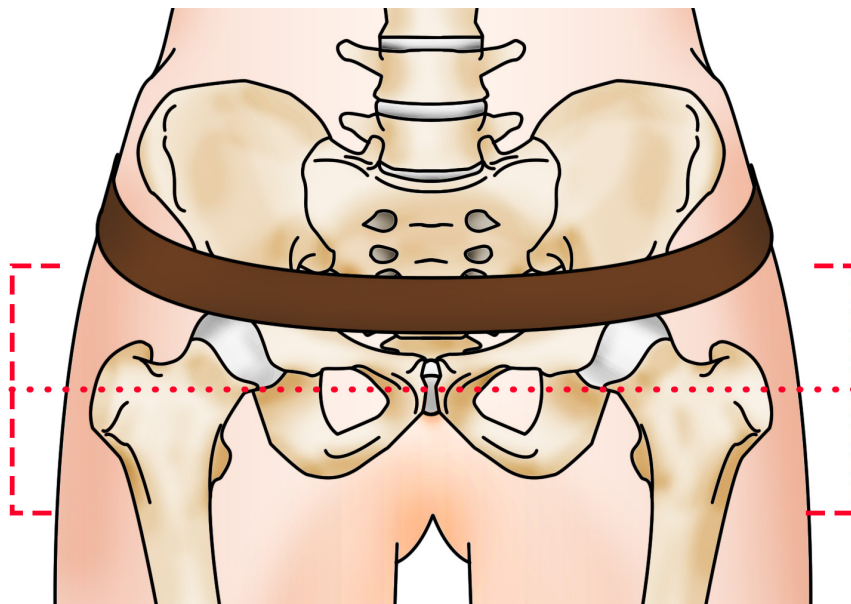


Pelvic Binder

Indications: (1) Suspected pelvic fracture, (2) Unstable, blunt multitrauma

GENERAL CONSIDERATIONS:

- It is recommended to place a pelvic binder on **ALL** patients with blunt multitrauma that are clinically unstable (e.g. loss of consciousness, altered mentation, suspected hemorrhagic shock) to tamponade occult pelvic hemorrhage.
 - **NOTE:** Providers, including physicians, have poor ability to detect open-book pelvic fractures by physical exam.
- Consider routine placement of a pelvic binder on patients with a **high mechanism of injury**, especially motorcycle collisions and pedestrians struck.
- It is recommended to use a **commercially-made pelvic binder**. If one is not available, a bedsheet may be wrapped around the patient and twisted together anteriorly to bind the pelvis.
- Once a pelvic binder is applied, it **must remain tensioned for the duration of transport**.
- The pelvic binder will only function properly if it is correctly positioned. The midline of the binder should be centered over the greater trochanters of the femurs, which is in the proximal thigh **below the beltline** (see picture below).



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