

## PELVIC FRACTURE STABILIZATION PROCEDURE

### INDICATIONS

Suspected Pelvic Fracture accompanied by hemodynamic instability and/or severe pain.

### ASSESSMENT

1. Abrasions, contusions or bleeding around the rectal, vaginal, urethral areas or hematuria
2. Limb length discrepancy, or deformity
3. Hematomas above the inguinal ligament, scrotum, and thigh
4. Scrotal pain or swelling
5. Presence of a symphysis gap on gentle palpation
6. Pelvic ring mobility with gentle compression of the anterior superior iliac crests (limit compressions to a single attempt)

### PROCEDURE

Apply the pelvic stabilizer device according to the manufacturer's recommendations.\*

### PRECAUTIONS

1. Care should be taken to stabilize, but not over-reduce the injury, especially with lateral compression injuries.
2. Reduction can be assessed by evaluating the patient's legs, greater trochanters and patellae, which should be in an anatomically neutral position.
3. In males make certain the genitalia are elevated up out of the groin area and not entrapped by the device.

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\*Stabilization may be facilitated by binding the patient's legs together.