

Confirmed/Suspected Pelvic Ring Injury
High energy blunt trauma

Legend

- Investigation
- Action
- Diagnosis
- Consult
- Notes

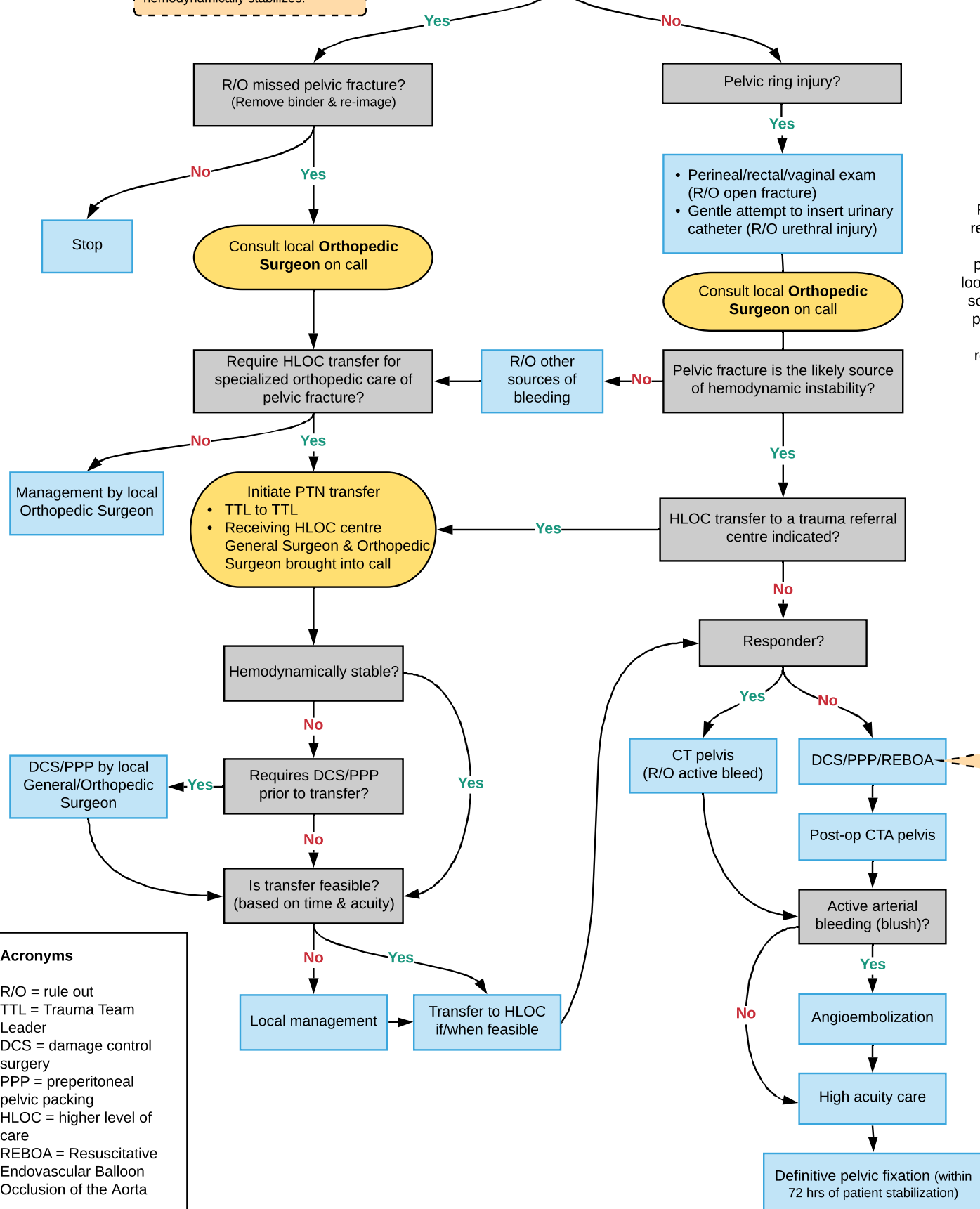
Do not remove the binder/sheet until the patient hemodynamically stabilizes.

In displaced vertical shear fractures, apply traction if definitive surgery can't be done within 24 hours.

If CT (with binder/sheet) results are normal but there is clinical suspicion of pelvic fracture (or the patient is unexaminable), conduct post-CT pelvic X-ray without pelvic binder/sheet, but only if the patient hemodynamically stabilizes.

- Apply pelvic binder/sheet
- ATLS protocols (+TXA, MTP)
- Hemostatic resuscitation
- Pelvic imaging: Pelvic XR (AP) or CT

Hemodynamically stable?



Reassess binder regularly to ensure appropriate positioning and to look for pressure skin sores. Have a clear protocol for binder removal, ideally removal within 24 hours.

Any hospital receiving trauma patients must have clear protocols in place for managing hemodynamically unstable patients with pelvic trauma. REBOA or PPP should be attempted only in centres with protocols and expertise in place, in the context of local discussions and surgeon discretion.

Acronyms

- R/O = rule out
- TTL = Trauma Team Leader
- DCS = damage control surgery
- PPP = preperitoneal pelvic packing
- HLOC = higher level of care
- REBOA = Resuscitative Endovascular Balloon Occlusion of the Aorta