

## KEY MANAGEMENT QUESTIONS

### I. RESUSCITATION AND STABILIZATION

1. What are key considerations in the initial assessment and management of patients with mechanically unstable pelvic ring injuries?
2. When and how should REBOA (Resuscitative Endovascular Balloon Occlusion of the Aorta) be used in the acute management of major pelvic ring injuries?

### II. TEMPORARY PELVIC RING INJURY IMMOBILIZATION

3. How should the mechanically unstable fractured pelvis be immobilized initially?
4. What considerations guide the duration of use of pelvic binders?
5. What is the role of emergency department C-clamp application in the initial management of pelvic ring injuries?

### III. HEMORRHAGE CONTROL - ANGIOEMBOLIZATION

6. When should angioembolization be used in the acute management of major pelvic ring injuries?
7. When should selective versus non-selective angioembolization be used in acute management of blunt pelvic ring injury?

### IV. HEMORRHAGE CONTROL – PELVIC PACKING

8. When should peritoneal pelvic packing be employed for major pelvic ring injuries?
9. How and by whom should pre-peritoneal pelvic packing be performed?
10. Should pre-peritoneal pelvic packing be performed in a rural/remote or community setting?

### V. OPEN PELVIC RING INJURIES

11. How should patients be assessed for the presence of open pelvic ring injury?
12. What are the indications for fecal diversion in the management of open pelvic ring injuries?

### VI. DIAGNOSTIC IMAGING

13. How should patients presenting with proven or suspected major pelvic ring injuries be diagnostically imaged?
14. When and how should patients with pelvic ring fracture undergo evaluation of the urethra and the bladder?

**VII. TRANSFER TO HIGHER LEVEL OF CARE**

15. What are the indications and timing for higher level of care (HLOC) transfer of a trauma patient with major pelvic trauma to a centre with orthopedic expertise in the surgical management of complex pelvic ring injuries?
16. What is the preferred process for inter-facility transfer of major pelvic ring injuries?
17. Which patients with pelvic ring fractures can be managed in a centre with general orthopedic surgery?
18. Which mechanically unstable pelvic ring injuries can be managed in a centre without orthopedic surgery?
19. How should the orthopedic surgeon on-call in a community hospital be involved in the early management of the patients with pelvic ring injury?

**VIII. HOSPITAL CARE**

20. What are the care requirements for acceptable management of the stabilized admitted patient with a major pelvic ring injury?

**IX. DEFINITIVE SURGICAL CARE**

21. What is the preferred timeframe for definitive surgical fixation of major pelvic ring injury?
22. How should bladder rupture (intraperitoneal and extraperitoneal) associated with major pelvic injuries be managed?

**X. TRANSFER TO LOWER LEVEL OF CARE (REPATRIATION)**

23. What are the indications and timing for repatriation back to a sending facility (or equivalent) of patients with major pelvic ring injury transferred to a regional centre with expertise for advanced orthopedic care?

**XI. REHABILITATION**

24. What is the preferred rehabilitation strategy for patients treated for major pelvic ring injury?
25. When and how should patients who have undergone definitive surgical fixation of major pelvic ring injury be mobilized?
26. What are the indications for in-patient rehabilitation of a patient treated for major pelvic ring injury?

**XII. FOLLOW-UP**

27. What is the recommended follow-up for a discharged patient with unstable pelvic ring injury?