



Monroe Livingston Region Program Agency

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To: All EMS Providers

From: Jeremy T. Cushman, MD, MS, EMT-P *JT Cushman*
Regional Medical Director

Date: July 29, 2011

Re: Advisory 11-11: Management of Pelvic Fractures

Patients with pelvic fractures can have significant, life threatening internal hemorrhage. The use of a pelvic binder has been shown to decrease such hemorrhage while decreasing pain. In response to this, the REMAC developed Policy 9.26 – Management of Pelvic Fractures. This policy specifically authorizes the use of a pelvic immobilization device, such the Traumatic Pelvic Orthotic Device (T-POD)[®], SAM Sling[®], sheet, or similar device in order to stabilize a suspected pelvic fracture.

The ability of any transporting or non-transporting EMS provider to carry and utilize either device must be authorized by the Agency Medical Director. This policy is permissive and does not require agencies in the MLREMS region to carry and use these devices. Each agency should carefully review the benefits and costs related to these devices in relation to their call type and volume.

The Program Agency has developed a training video consistent with this policy. Agencies choosing to use a pelvic immobilizing device are encouraged to use this training to establish common knowledge; however hands-on training with the device(s) chosen by the agency is imperative.

The Management of Pelvic Fractures Policy is attached to this document and available online [here](#). This policy is effective immediately.

The vodcast training is not mandatory, but highly encouraged for agencies choosing to carry these devices. One-half hour of BLS CME is available upon satisfactory completion of the post test. The link for this training is [here](#).

With any questions, please do not hesitate to contact the Regional Program Agency.

9.26 Management of Pelvic Fractures

PURPOSE

To outline the indications and applications for use of a pelvic immobilization device (Traumatic Pelvic Orthotic Device [T-POD][®], SAM Sling[®], sheet, or similar).

POLICY

This procedure may be used by any level provider (EMT-B and up) who is trained on and authorized to use a pelvic immobilization device by their Agency Medical Director.

INDICATIONS

The pelvic immobilization device should be applied to those patients that clinically present with one of the following:

1. Suspected pelvic fracture with hypotension
2. Suspected pelvic fracture with severe pain and high energy mechanism (fall from significant height or high speed MVC/MCC)
3. Known "open book" fracture

CONTRAINDICATIONS

1. Evisceration of abdominal contents in the area of pelvic immobilization device placement.

PROCEDURE

1. Routine medical care.
2. Apply device according to manufacturer instructions being sure to place at the level of the greater trochanters.
3. Note time of placement and contact receiving facility with relevant patient information and to advise of pelvic immobilizer placement.

Approved 2/21/2011