



EDUCATIONAL MATERIAL Pelvic Immobilization Device

Objectives:

Following completion of this training, providers will be able to:

- To outline the indications and applications for use of a pelvic immobilization device.

Resources:

- Pelvic immobilization device

Didactic Topics:

Section #1: 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
 - Examples may include fall from significant height or high speed MVC
3. Known “open book” fracture

Section #2: Contraindications:

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

Section #3: Instructions for pelvic binder application:

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.



Regardless of manufacturer, the pelvic binder should have the following characteristics:

1. It should therefore be light and easily applied, ideally by one person.
2. It may need to stay on for 24 hours or more and thus should be of a soft material that will be comfortable and not induce pressure ulceration.
3. It should be X-ray permeable and safe for use in Magnetic Resonance Imaging (MRI) machines.
4. Should not limit access to the perineum and anus for examination.
5. Must fit various sizes of patients (including children), or offer different sizes.
6. Should be washable or cheap enough to be disposable.

Examples and application instructions for some of the more common commercial devices:



Sam Sling:

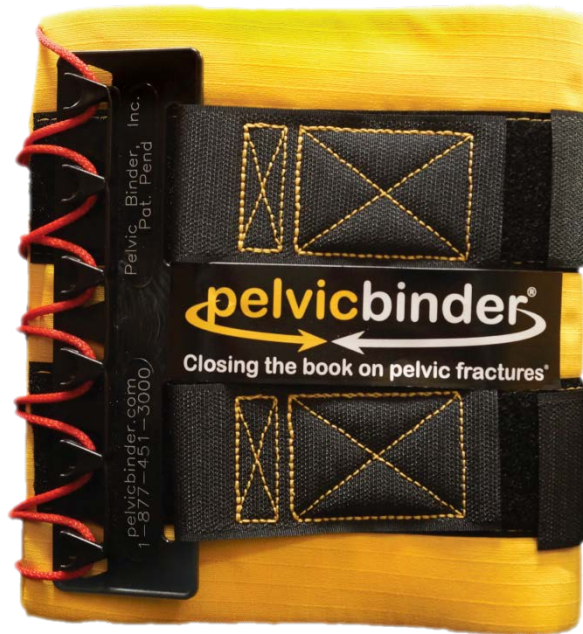
1. Select the appropriate size SAM Sling.
2. Remove objects from patient's pocket or pelvic area.
3. Place SAM Pelvic Sling II black side up beneath patient at level of trochanters (hips).
4. Place BLACK STRAP through buckle and pull completely through.
5. Hold ORANGE STRAP and pull BLACK STRAP in opposite direction until you hear and feel the buckle click.
6. Maintain tension and immediately press BLACK STRAP onto surface of SAM Pelvic Sling II to secure. You may hear a second click as the sling secures.

T-Pod:



1. Slide Belt under supine patient and into position under the pelvis.
2. Trim the Belt, leaving a 6-8" gap over the center of the pelvis. (device may be folded for training)
3. Apply Velcro-backed Mechanical Advantage Pulley System to each side of the trimmed Belt.
4. Slowly draw tension on the Pull Tab, creating simultaneous, circumferential compression.
5. Secure the Velcro-backed Pull Tab to the Belt.
6. Record the date and time of application on the space provided.

Pelvic Binder:



1. Slide binder under supine patient.
2. Center binder over greater trochanters.
3. Cut the free end of binder to leave 4" - 6" gap. (device may be folded for training)
4. Attach Velcro straps and plate to free end of binder.
5. Tighten shoelace mechanism, close fastener.

Recommended Skills Demonstration:

- Verbalize indications and contraindications for prehospital placement of pelvic binder
 - Demonstrate the correct application of a pelvic binder
- NOTE: The manufacturer's recommendations should be followed at all times. Information provided here is should serve only as a reference and to illustrate the differences between some of the more common prehospital devices.