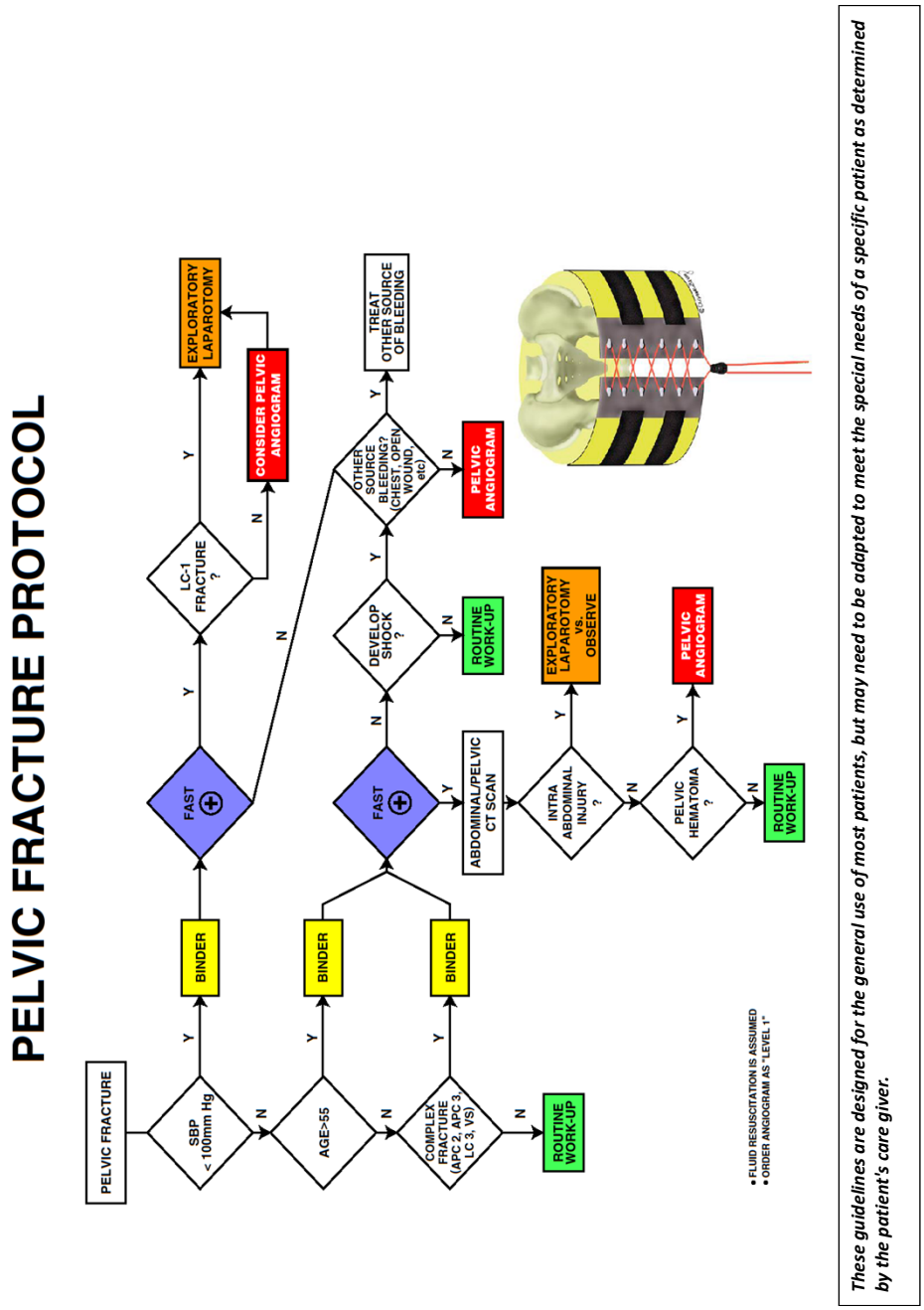
Approved by: P&P, Trauma Services Committee

DEPARTMENT: Algorithm	POLICY TITLE: Pelvic Fracture Binder
Page 1-2	REPLACES POLICY DATED: New
EFFECTIVE DATE: 12/2014	REFERENCE NUMBER: ALG - 5

PURPOSE: To provide a framework for application of a pelvic binder.

POLICY:



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General Guidelines:

1. After primary survery (and application of binder), contact orthopaedic surgeon for additional questions; ie, need for skeletal traction placement in the emergency department.
2. Patient should be left in binder for additional procedures including but not limted to: transfers, celiotomy and arteriography.
3. Orthopaedic surgeon should perform skin check within 12 hours of binder application and evaluate for soft tissue problems. Binder may be gently loosened within the first 12 to 24 hours to minimize soft tissue problems.
4. While binder is in place orthopaedic surgeon should perform daily skin check to evaluate for pressure wounds over greater trochanters.
5. Consider surgery in the first 48 to 72 hours after injury. Otherwise, formal surgery may need to be postponed until post injury day 6, 7 or longer depending on patient's inflammatory response to initial trauma.
6. All pelvis and acetabular fractures can be cared for at this institution. Potential transfers would include patients > 14 years of age or patients with other injuries for which appropriate care cannot be provided.

References:

Langford JR, Burgess AR, Liporace FA and Haidukewych GJ. Pelvic Fractures Part 1: Evaluation, classification and resusitation. J Am Acad Othop Surg. 2013;21: 448-457.

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Cullinane DC, Schiller HJ, Zielinski MD, et al. Eastern association for the surgery of trauma practice guidelines for hemorrhage in pelvic fracture: update snd systematic review. J Trauma. 2011; 71: 1850-1868.

Eastridge BJ, Starr AJ, Minei JP and O'Keefe GE. The importance of fracture pattern in guiding therapeutic decinion-making in patients with hemorrhagic shock and pelvic ring disruptions. J Trauma. 2002; 53: 446-451.

The Medical Center *of* Plano

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