

PR02: Pelvic Binders

Applicable To

- FR and higher

Introduction

If a pelvic injury is suspected, or there is a high mechanism of injury in an unconscious patient, the pelvis should be bound with a T-POD or KED. Binding the pelvis reduces overall pelvic volume and creates a tamponade effect, stabilizes fracture fragments reducing hemorrhage from the fracture sites, and improves patient comfort.

Pelvic binders should not be used for isolated neck-of-femur (NOF) fractures (also known as "hip" fractures).

Indications

Major mechanism suggestive of pelvic fracture with **any** of the following:

- Hemodynamic instability (heart rate > 100 or systolic blood pressure < 90 mmHg)
- Pelvic pain on exam
- Pelvic instability
- Decreased level of consciousness
- Major injury distracting from pelvic exam

Contraindications

- Neck-of-femur ("hip") fractures
- Falls from standing height or other simple falls

Procedure

1. Remove the patient's clothing. The T-POD should be in direct contact with the skin.
2. Slide the belt under the supine patient and into position under the pelvis, aligning the centre of the belt with the greater trochanter.
3. Trim the belt leaving a 15 to 20 cm gap over the centre of the pubic symphysis.
4. Apply the Velcro tension straps.
5. Slowly draw tension creating simultaneous, circumferential compression.
6. Record the date and time of application.
7. Secure the belts to ensure constant pressure without accidental release.
8. If release is required, or occurs accidentally, the time of this event should also be noted.
9. Document the application of the T-POD on the ePCR under 'Major Trauma: Intervention: Circulation.'

Notes

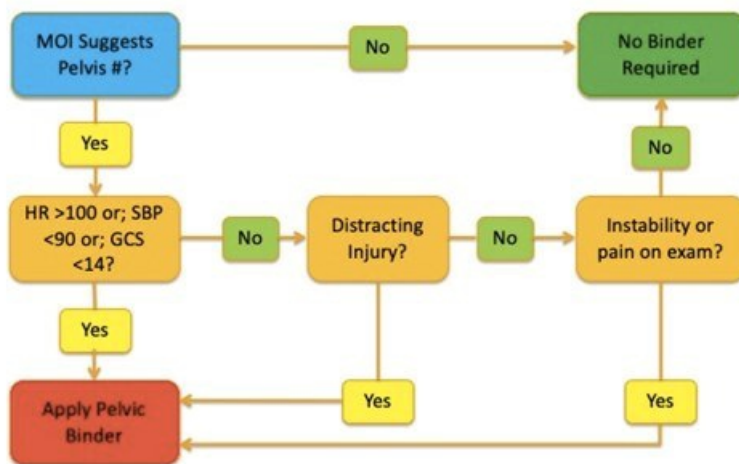
T-POD[®] Explained



Pre-application
of ***T-POD***[®]



Post-application
of ***T-POD***[®]



Resources

Numerous tutorial videos available online.

