

PRACTICE GUIDELINES: PELVIC FRACTURES

OBJECTIVES:

1. To prevent and treat life-threatening hemorrhage as a result of pelvic ring injuries.
2. To establish early pelvic stability to assist in obtaining early hemodynamic stability
3. To establish early involvement of the orthopedic trauma service to help facilitate care of the trauma patient with pelvic fractures.

DEFINITIONS:

Instability: Unstable pelvic ring disruption may be rotationally and/or vertically unstable. Instability can be a result of fractures of the sacrum, ilium, and pubis. Instability can also result from ligamentous disruption of the pelvic ring at the iliosacral joints and the pubic symphysis.

Open fracture: Associated soft tissue injury allowing contamination of the fracture. Increase in mortality has been associated in markedly increased mortality rates. Open fracture in the pelvis include lacerations in the skin, perineum, vagina, and rectum.

GUIDELINES:

1. Follow the ABC's per ATLS protocol
2. Perform physical exam. If pelvic ring fracture suspected or if patient presents with a high energy mechanism of injury (MVC, motorcycle, fall from height, etc) obtain AP Pelvis x-ray ASAP as standard trauma work up in addition to the standard CXR.
3. If pelvic ring injury is present, early consult to orthopedic surgery to address the pelvic ring injury in the trauma bay.
4. Appropriate placement of a pelvic binder and/or traction in patients with pelvic ring injury and hemodynamic instability.

Majority of intra-pelvic bleeding with pelvic ring injuries is venous and can be stabilized with appropriate trauma bay management to limit fracture movement and allow the bleeding to tamponade.

5. Perform CT scans after appropriate resuscitative modalities have been applied.
6. If patient remains hemodynamically unstable consider other treatments in the OR with possible placement of an external fixator, exploratory laparotomy, or interventional radiology for selective arterial embolization.

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