# PELVIC BINDER APPLICATION

<table>
<thead>
<tr>
<th>ADULT</th>
<th>PEDIATRIC (≤34 KG)</th>
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## BLS Procedures
- Universal Protocol #601
- Indications – High-risk mechanism with:
  - Pelvic, low back or groin pain and SBP < 90 mmHg or pediatric age specific hypotension
- Application
  - Remove clothing
  - Identify greater trochanter
  - Place sheet or binder under the patient with center at the level of the greater trochanter
  - Tighten per manufacturer instruction. With sheet binder, tighten by twisting and secure to maintain tension

## BLS Optional Scope
- Pulse Oximetry – \( \text{O}_2 \) administration per Airway Management Policy #602

## ALS Procedures
- None indicated

## Base Hospital Orders Only
- Binder Removal
  - As needed

## Notes
- Assess for distal pulse before and after application
- Contraindications:
  - Isolated neck of femur fracture
  - Suspected traumatic hip dislocation

Pelvic fractures are associated with high-risk mechanisms of injury, including:
- Motor vehicle collisions – especially if the patient was in the front seat with a head-on or there was a lateral impact on the patient side
- Auto vs pedestrian accidents
- Motorcycle collisions
- Fall from heights

Patients ≥ 65 have a greater likelihood of pelvic fractures even with low energy mechanism

Possible signs and symptoms of a pelvic fracture:
- Any pain at pelvis or lower back/groin/hips
  - DO NOT rock or “spring” the pelvis
  - Use scoop or multi-person lift when moving
- Hypotension/shock associated with pelvic injury
- Deformity, bruising or swelling over bony prominences, pubis, perineum or scrotum
- Leg length discrepancies/rotations
- Wounds over the pelvis, bleeding from the rectum, vagina or urethra

![Iliac Crest](image1)
![Greater Trochanter](image2)