

PELVIC BINDER APPLICATION	
ADULT	PEDIATRIC (≤34 KG)
BLS Procedures	
<ul style="list-style-type: none"> • Universal Protocol #601 • Indications – High risk mechanism with: <ul style="list-style-type: none"> ○ Pelvic, low back or groin pain <u>and</u> SBP < 90 mmHg or pediatric age specific hypotension • Application <ul style="list-style-type: none"> ○ Remove clothing ○ Identify greater trochanters ○ 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 – O ₂ administration per Airway Management Policy #602	
ALS Procedures	
None indicated	
Base Hospital Orders Only	
Binder Removal As needed	
Notes	
<p>Assess for distal pulse before and after application</p> <p>Contraindications:</p> <ul style="list-style-type: none"> • Isolated neck of femur fracture • Suspected traumatic hip dislocation <p>Pelvic fractures are associated with high risk mechanisms of injury, including:</p> <ul style="list-style-type: none"> • 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 <p>Patients ≥ 65 have a greater likelihood of pelvic fractures even with low energy mechanism</p> <p>Possible signs and symptoms of a pelvic fracture:</p> <ul style="list-style-type: none"> • Any pain at pelvis or lower back/groin/hips <ul style="list-style-type: none"> ○ 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 	
	