



Section 14: Appendix 2: Medical Procedures

SECTION 14: PELVIC STABILIZATION DEVICE

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INDICATIONS

- Suspected adult pelvic fractures and dislocations.

PROCEDURE

1. Unfold Pelvic Sling with white surface facing up.
2. Place white side of Pelvic Sling beneath patient at level of buttocks.
3. Firmly close Pelvic Sling by placing black Velcro side of flap down on the black Velcro strip (fold material and center at midline).
4. Grab orange handle on outer surface of flap and release from flap by pulling upward.
5. Firmly pull both orange handles in opposite directions to tighten the Pelvic Sling.
6. Keep pulling free handle until you feel or hear the buckle click.
7. As soon as the buckle clicks, maintain tension and firmly press orange handle onto the black Velcro strip.

TO REMOVE PELVIC SLING

1. Lift orange free handle away from flap by pulling upward. Maintain tension and slowly allow Pelvic Sling to loosen.

KEY POINTS

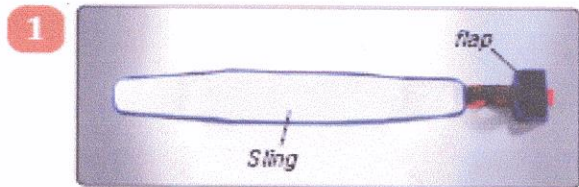
1. Of 120,000 pelvic fractures reported in the U.S. in a typical year, 21,000 were pelvic ring fractures.
2. The mortality rate of pelvic fractures is reported to be more than 25%.
3. The combination of pelvic ring fractures with other injuries increases the mortality rate.
4. Stabilizing pelvic fractures reduces blood loss.
5. Victims are often confused or unconscious making it difficult to diagnose pelvic fractures without X-rays or CT scans. Physical examination is inaccurate approximately 90% of the time.
6. Trauma surgeons and emergency department physicians have recognized the benefits of circumferential pelvic compression.
7. At the time of initial evaluation, the exact type of fracture is usually unknown. In some cases, too little force will not close or stabilize the fracture, in others, too much force can collapse the pelvic ring.
8. Because of the potentially devastating hemorrhage associated with pelvic fractures, standard first aid protocol has included applying some type of circumferential binder around the victim's hips.
9. Cannot be over-tightened. The force applied is safe and correct.
10. Standard size fits 95% of the population without cutting or trimming.

NOT RECOMMENDED FOR USE ON CHILDREN

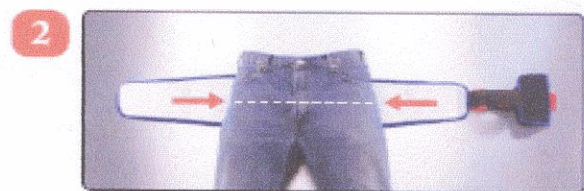


Section 14: Appendix 2: Medical Procedures

SECTION 14: PELVIC STABILIZATION DEVICE-Cont.



1 Unfold Sling with white surface facing up.



2 Place white side of Sling beneath patient at level of buttocks (greater trochanters/symphysis pubis).



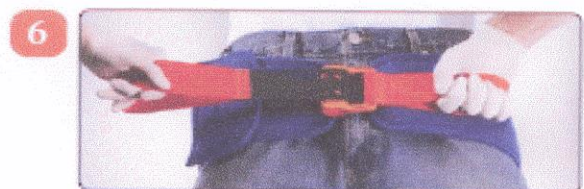
3 Firmly close Sling by placing black Velcro® side of flap down on the black Velcro® strip. Fold back material as needed. Try to place buckle close to midline.



4 Grab orange free handle on outer surface of flap and release from flap by pulling upward.



5 With or without assistance, firmly pull both orange handles in opposite directions to tighten Sling.



6 Keep pulling free handle until you feel or hear the buckle click.



7 As soon as the buckle clicks, **maintain tension** and firmly press orange handle onto the black Velcro® strip.

Note: Do not be concerned if you hear a second "click" after the Sling is secured.



8 To remove Sling, lift orange free handle away from flap by pulling upward. Maintain tension and slowly allow Sling to loosen.