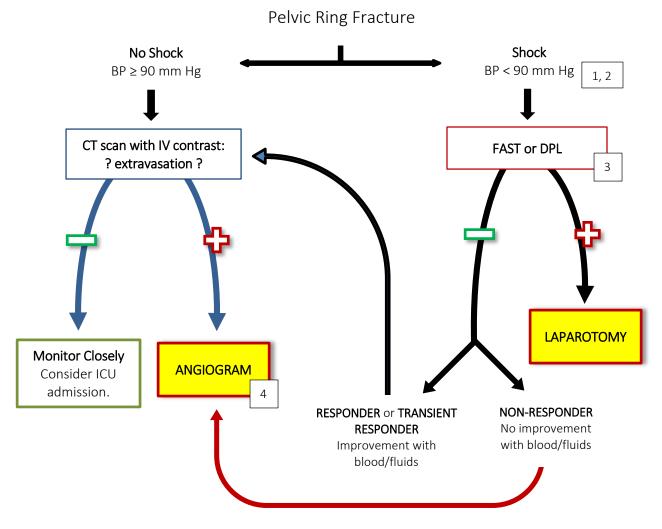
INITIAL EVALUATION & MANAGEMENT OF PELVIC FRACTURE



- 1. Invoke Massive Transfusion Protocol for hemodynamically compromised pts.
- 2. Stabilize pelvis with binder.
- 3. An equivocal FAST should be followed by DPL to rule out significant hemoperitoneum and need for immediate laparotomy.
- 4. Consider open pelvic packing or external fixation if angio is not available or is unsuccessful.

REMEMBER

- Rule-out other sources of hemorrhage.
- Rock pelvis only once. Do NOT rock pelvis if known pelvic fx (i.e. transfers).
- Notify IR radiologist as soon as angio is indicated.
- Involve Orthopedics as soon as pelvic fx is identified.
- Tesoriero RB, Bruns, BR,Narayan M, et al. Angiographic embolization for hemorrhage following pelvic fracture: Is it "time" for a paradigm shift? *J Trauma Acute Care Surg*. 2017;82:18-26.
- Juern JS, Milla D, Codner P, et al. Clinical significance of computed tomography contrast extravasation in blunt trauma patients with a
 pelvic fracture. J Trauma Acute Care Surg. 2017;82:138-140.
- Constantini TW, Coimbra R, Holcomb JB, et al. Current management of hemorrhage from severe pelvic fractures: Results of an American Association for the Surgery of Trauma multi-institutional trial. *J Trauma Acute Care Surg.* 2016;80:717-725.
- Cullinane DC, Schiller HJ, Zielinsky MD, et al. Eastern Association for the Surgery of Trauma Practice Management Guidelines for Hemorrhage in Pelvic Fracture—Update and Systematic Review. J Trauma Acute Care Surg. 2011;71:1850-1868.