

## 1161 SPLINTING – PELVIC WRAPPING / BINDER

EMR	EMT	EMT-IV	AEMT	INTERMEDIATE	PARAMEDIC
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### Specific Information Needed

- A. Mechanism of injury: direction of forces, if known
- B. Areas of pain, swelling or limited movement
- C. Treatment prior to arrival: realignment of open or closed fracture, or dislocations, movement of patient
- D. Past medical history: medications, medical illnesses

### Specific Objective Findings

- A. Vital signs
- B. Observe: localized swelling, discoloration, angulation, lacerations, exposed bone fragments, loss of function, guarding
- C. Palpate: tenderness, crepitation, instability, quality of distal pulses, sensation
- D. Note estimated blood loss at scene.

### General Treatment

- A. Treat airway, breathing, and circulation as first priorities.
- B. Spinal stabilization when appropriate.
- C. Examine for additional injuries to head, face, chest, and abdomen; treat those problems with higher priority first.
- D. If patient unstable, transport rapidly, treating life threatening problems en route. Splint patient to minimize fracture movement by securing to Combi Carrier II.

### Pelvic Wrapping/Binder:

1. May use sheet or Sam Sling device
2. Not advised to place before extraction from vehicle
3. Do not wait for hypotension to occur before placing, if concern for pelvic fracture then proceed immediately
4. DO NOT REMOVE BINDER, only physician at trauma center should do so
5. If Sam Sling:
  - i. Remove objects from the patient's pockets or pelvic area. Place the Sam Sling II gray side up under the patient's pelvis and center over the greater trochanters. Do NOT allow to ride high over the iliac crests.
  - ii. Place the black strap through the buckle and pull completely through.
  - iii. Hold the green strap and pull the black strap in opposite direction until you feel and hear the buckle click. Maintain tension and immediately press the black strap onto the surface of the Sam Sling II to secure.
- 5a. If sheet used:
  - i. Fold a standard hospital sheet length wise until ~ 8 inches wide
  - ii. Place sheet around the patient's pelvis at the level of the greater trochanters.
  - iii. Tie ½ a square knot, pull both loose ends in opposite directions (2 persons) as tight as possible, complete square knot and place several additional knots. One may use a short broom handle or other suitable device to "twist" crank the sheet for additional compression and then secure with a towel clamp.

### Special precautions

- a. Patients with multiple injuries have a limited capacity to recognize areas which have been injured. A patient with a femur fracture may be unable to recognize that he has other

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- areas of pain. Be particularly aware of missing injuries proximal to the obvious ones (e.g., a hip dislocation with a femur fracture, or a humerus fracture with a forearm fracture).
- b. Do not use ice or cold packs directly on skin or under air splints. Pad with towels or leave cooling for hospital setting.
  - c. Injuries around joints may become more painful and circulation may be lost with attempted realignment. If this occurs, stabilize the limb in the position of most comfort with the best distal circulation.
  - d. Any deviation requires contact and approval from base physician.