Clinical Practice Procedures:
Trauma/Pelvic circumferential compression device

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<tr>
<th>Date</th>
<th>April, 2016</th>
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<tr>
<td>Purpose</td>
<td>To ensure a consistent procedural approach to the Pelvic circumferential compression device.</td>
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<td>Scope</td>
<td>Applies to all QAS clinical staff.</td>
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<tr>
<td>Author</td>
<td>Clinical Quality &amp; Patient Safety Unit, QAS</td>
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<td>Review date</td>
<td>April, 2018</td>
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Pelvic binders reduce and stabilise pelvic ring fractures with diastasis and thereby control haemorrhage from the pelvic vasculature.\textsuperscript{1-5}

**Indications**
- Suspected pelvic fracture with evidence of haemodynamic compromise

**Contraindications**
- Suspected isolated neck of femur fracture
- Suspected traumatic hip dislocation

**Complications**
- Once applied, a binder should not be removed due to the risk of haemodynamic instability.
- Other methods (e.g. a vacuum splint) may be used in small children.
- Apply carefully in gross open fractures to minimise pain and further complications.

**SAM Pelvic Sling\textsuperscript{TM}**

- Black loop (pulled in opposite direction to orange loop to tighten the binder)
- Detachable strap
- Orange loop (pulled in opposite direction to the black loop to tighten binder)
**Application of pelvic binder**

1. Remove all objects from the patient’s pockets and pelvic area and cut off outer garments.

2. Unfold the appropriate size pelvic binder with the inner white surface facing up.

3. Gently position the binder beneath the patient to the level of the buttocks (greater trochanter or symphysis pubis). Ensure patient movement is minimised to prevent clot dislodgement.
Without adjustable strap (Extra small)

1. Feed black strap through the buckle, placing the buckle close to midline.
2. With assistance, firmly pull black and orange loops in opposite directions. Tighten the binder until it is firm (you may not require a buckle click).
3. Maintain tension and firmly press the black strap onto the Velcro® strip.

With adjustable strap (Extra large)

1. Keep adjustable black strap attached to buckle
2. Wrap both sides of binder firmly around patient, positioning the buckle in the midline and securing it by pressing the flap to the binder.
3. Tighten the binder by lifting the black strap then with assistance, firmly pull the black and orange loops in opposite directions. Tighten the binder until it is firm (you may not require a buckle click).
4. Maintain tension and firmly press the black strap onto the Velcro® strip.
Using the pelvic binder with the Combicarrier®II

1. A folded pelvic binder should be placed under the patient’s buttocks allowing the patient to be rolled a maximum of 15 degrees.

2. After the patient has been rolled the binder can be gently unfolded and secured.

Additional information

- It is not recommended to apply the pelvic binder before extricating the patient from a vehicle.
- Recommendation from SAM Medical on the use of the SAM Pelvic Sling™ in the pregnant trauma patient:
  - ‘Theoretically, if the pelvic sling is applied correctly, i.e. at the level of the greater trochanters, the application should be safe for the pregnant patient, even late term. Not knowing how well providers understand the SAM pelvic sling or how much they recognize the need to apply it around the hip level, SAM Medical does not make a recommendation for use on pregnant women, but do suggest that if it is evident that pelvic exsanguination exists and the risk of mortality is high, that you use your best judgment on a case by case basis.’
- Application of the pelvic binder can be painful and requires consideration for appropriate analgesia.
- The orange autostop buckle is designed to stop the pulling force once the correct compression force has been obtained (clicking of binder).
- Do not allow the binder to be cut off the patient.
- QAS supplies the Sam Pelvic Sling™ in the following sizes:

<table>
<thead>
<tr>
<th>Sam Pelvic Sling™ size</th>
<th>Hip circumference</th>
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<tr>
<td>Small</td>
<td>69 – 119 cm</td>
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<tr>
<td>Large</td>
<td>91 – 152 cm</td>
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