Management of the Haemodynamically Unstable Patient with a Pelvic Fracture without Angiography Services available

Primary Survey (ABCDE)

- Stop external blood loss
- Assess long bones
- Treat haemo / pneumothorax
- Chest and pelvic x-ray
- Assess abdomen with DPA* and / or FAST** if available

Pelvic fracture identified, haemodynamically unstable

Make early call to arrange time critical inter hospital transfer
Aeromedical and Medical Retrieval Services (AMRS formerly MRU) 1800 650 004

Stabilise pelvis with non-invasive device*** in ED

Fluid resus using small aliquots of fluid with early use of blood to maintain systolic BP 80-90 mmHg. Use caution in the elderly. Contraindicated in the unconscious patient without a palpable blood pressure. Maintain the systolic blood pressure >90mmHg for those with a traumatic brain injury. Treat any other serious injury identified in Primary Survey.

ABDOMEN NEGATIVE OR UNKNOWN

- Ensure Retrieval Service is aware
- Continue fluid resus (maintain SBP 80-90 mmHg)

SBP >80 mmHg with fluid resus

Reassess patient

SBP <70 mmHg despite fluid resus

Immediate laparotomy for surgical control of arteries and pelvic packing with large sponges

Keep patient warm. Await Retrieval Service for transfer to definitive care and interventional angiography.

ABDOMEN POSITIVE

- Ensure Retrieval Service is aware
- Immediate transfer to OT for combined laparotomy and invasive external fixation of pelvis

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* Diagnostic Peritoneal Aspiration (DPA) ≥10mls of frank blood = Positive DPA
** Focused Abdominal Sonography in Trauma (FAST). Free fluid = Positive FAST.
***Non-invasive pelvic stabilisation with sheet or binder.