

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

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

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

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