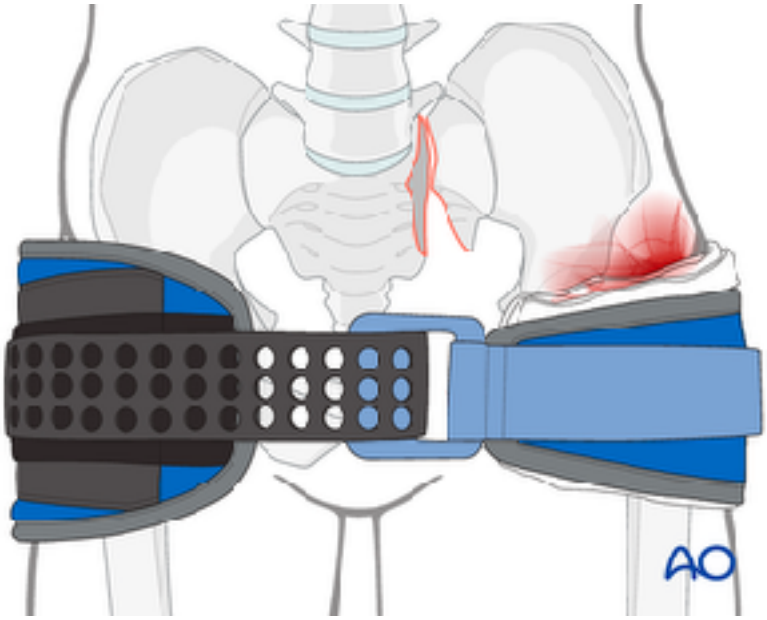
TTL TIP 2

Getting the best from Pelvic binders



Pelvic binders should be used on all patients with a suspected unstable pelvis. They are often, but not always placed by paramedics/PHEM teams.

1. Always check the position of the binder

    1. It should be at the level of the greater trochanters and not the iliac bones. If it's in the wrong place (usually too high) move it to the right place.

    2. Make sure the binder is on tight. Different binders have different mechanisms so make sure you understand how to tell the binder is tight enough (our current ones 'click' when tight enough).

2. If you are unsure whether a patient has a binder on from the standby call, place an open binder on the bed before you move the patient across so that it will be in the right place once the patient moved across.

3. When you remove a pelvic binder ALWAYS take a plan film after release to make sure you don't miss an unstable ligamental injury (look at the pubic symphysis distance it should be 6mm or less). This must be done in ED before the patient is admitted to the major trauma ward.