THE STUDY VAULT

Clinical Chaos

Pelvic Binder

SKILL SNAPSHOT

Purpose
- Provides circumferential compression at the greater trochanters to stabilize a suspected unstable pelvic ring and reduce hemorrhage.

When to use
- Suspected unstable pelvic fracture with high-energy mechanism, pelvic pain/deformity, or shock according to trauma protocol.

Supplies needed
- Commercial pelvic binder or approved sheet; trauma shears; monitoring; resuscitation equipment; skin padding as needed.

PREP + PATIENT SETUP

- Follow trauma protocol and prioritize ABCs, hemorrhage control, and rapid transport.
- Avoid repeated pelvic compression/rocking. Inspect for wounds and document baseline lower-extremity findings.

VAULT TIP

- Low and tight: center the binder over the greater trochanters.

STEP-BY-STEP

1. Apply PPE; identify patient if possible; explain briefly while resuscitation continues.
2. Maintain spinal/motion precautions as indicated and expose pelvis/upper thighs while preserving dignity.
3. Do not repeatedly “spring” or rock the pelvis. One prehospital/initial finding is enough.
4. Remove bulky objects from pockets and smooth clothing/lines beneath binder when this does not delay care.
5. Position commercial binder centered over the greater trochanters—not the iliac crests or waist.
6. If using an approved sheet, fold to correct width, slide beneath pelvis with minimal movement, and center at greater trochanters.
7. Apply firm circumferential compression according to device instructions until secured; avoid over-tightening.
8. Secure device so it cannot migrate. Keep genitalia, urinary devices, and skin free from pinch points when possible.
9. Reassess hemodynamics, pain, leg length/rotation, distal pulses, motor, sensation, color, temperature, and cap refill.
10. Mark/document application time and binder position. Do not remove for routine imaging or assessment without trauma-team direction.
11. Inspect skin/pressure areas as soon as clinically feasible while maintaining stabilization.
12. Continue hemorrhage resuscitation, warming, serial assessments, and urgent definitive trauma care.

SAFETY REMINDERS

- Binder belongs over greater trochanters, not waist.
- Do not repeatedly manipulate the pelvis.
- A binder does not replace hemorrhage resuscitation or definitive care.
- Prolonged pressure can injure skin/soft tissue.

COMMON MISTAKES

- Placement over iliac crests.
- Removing prematurely.
- Repeated pelvic rocking.
- Delaying transport to apply.

DOCUMENTATION

- Mechanism/findings and hemodynamics.
- Device, position, application time.
- Pre/post pain and neurovascular status.
- Skin and device checks.
- Response, resuscitation, handoff.