

PELVIC TRAUMA

Assessment of pelvic injury Case discussion

Participant resource kit





Queensland Trauma Education

The resources developed for Queensland Trauma Education are designed for use in any Queensland Health facility that cares for patients who have been injured as a result of trauma. Each resource can be modified by the facilitator and scaled to the learners needs as well as the environment in which the education is being delivered, from tertiary to rural and remote facilities.

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Queensland Trauma Education

Pelvic Trauma – Assessment of pelvic injury: Case discussion – Participant resource kit Version 1.0

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About this training resource kit

This resource kit provides healthcare workers with knowledge of the clinical assessment and specific investigations required to identify and manage a patient suffering suspected pelvic trauma.

National Safety and Quality Health Service (NSQHS) Standards













Learning objectives

By the end of this session the participant will be able to:

- demonstrate an understanding of clinical assessment in suspected pelvic trauma
- discuss the use of imaging studies in pelvic trauma
- recognise other investigations required for associated injuries in identified pelvic trauma.

Overview of pelvic trauma

The care of patients with major pelvic trauma is focussed on the identification of both mechanical and physiological instability and directing management towards the stabilisation of both. Different classification systems exist for pelvic injuries, some based on anatomical patterns and others reflective of mechanism of injury and need for operative management.

Pelvic injury occurs in 3% of patients who have sustained a skeletal injury, with the patients often being young with significant multisystem injury. Overall, the clinical care is targeted towards optimising the haemodynamic status, restoring the anatomical pelvic ring stability and managing the associated injuries. This often requires a multidisciplinary approach to manage the resuscitation, control the bleeding and stabilise the bony injury.

Further reading

Predictors of bleeding from stable pelvic fractures	
Publication	Archives of surgery
Link	https://doi.org/10.1001/archsurg.2010.277

The effect of pelvic fracture on mortality after trauma: an analysis of 63,000 trauma patients	
Publication	The Journal of bone and joint surgery
Link	https://doi.org/10.2106/JBJS.H.00598

Fatal haemorrhage following a low-energy fracture of the pubic ramus	
Publication	The Journal of bone and joint surgery
Link	https://doi.org/10.1302/0301-620X.87B9.16696

Predictors of positive angiography in pelvic fractures: a prospective study	
Publication	Journal of the American College of Surgeons
Link	https://doi.org/10.1016/j.jamcollsurg.2008.05.025

Preperitoneal pelvic packing for hemodynamically unstable pelvic fractures: a paradigm shift	
Publication	The Journal of trauma
Link	https://doi.org/10.1097/TA.0b013e31803c7632

WSES pelvic injuries classification	
Publication	World Journal of Emergency Surgery
Link	https://wjes.biomedcentral.com/articles/10.1186/s13017-017-0117-6/tables/2

Pelvic Trauma Management algorithm	
Publication	World Journal of Emergency Surgery
Link	https://wjes.biomedcentral.com/articles/10.1186/s13017-017-0117-6/tables/2

Primary Clinical Care Manual 10 th edition, Fractured Pelvis	
Organisation	Queensland Health
Link	https://www.health.qld.gov.au/rrcsu/clinical-manuals/primary-clinical-care-manual-pccm

Acronyms and abbreviations

Term	Definition
MBC	motor bike collision
IDC	indwelling catheter
ASIS	anterior superior iliac spine
LLQ	left lower quadrant
FAST	focussed assessment of sonography in trauma
СТ	computerised tomography

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