

**Evaluation:**

Thorough assessment should make it readily apparent whether patient has a grossly displaced, grossly unstable pelvic ring injury

- History
  1. Mechanism of injury
  2. Age
  3. Associated Injuries/Hemodynamics
- Examination
  1. Wounds (external, rectal, vaginal)
  2. Hemodynamics
  3. Neurologic and Vascular
  4. Bleeding Genitalia
  5. Limb length and positioning
  6. Manipulation/Palpation

**Imaging:**

Characterize injury by displacement and anatomic location of injury

- Xrays
  1. AP pelvis: overall ring-like architecture, hemipelvic symmetry
  2. Inlet: displacement in anterior or posterior direction
  3. Outlet: displacement in cranial or caudal direction
- CT scanning
  1. Best for assessment of injury to posterior ring (sacral fracture, iliac fracture, sacroiliac joint dislocation)
- Characterizing injury for purposes of early provisional intervention
  1. Volume-expanding injuries
  2. Lateral compression injuries
  3. Planes of instability

**Intervention**

Provide rapid intervention to aid in stabilizing bony pelvis, not hinder ongoing resuscitation,

- Circumferential wraps:
  1. Purpose: diminish pelvic "volume"
  2. Comfort
  3. Stabilize clot?
- Options:
  1. Commercial binders: effective, expensive
  2. Hospital linens: effective, readily available, cheap, limited capacity to do additional harm