

# Fracture pelvis

## - Initial assessment

- ABCs
- Assess V/S, O<sub>2</sub> sat, traumatic shock
- Assess: pain, swelling, bleeding, ecchymosis, wounds
- Incident history; Mechanism of injury
- Pelvic immobilization

Notify Trauma physical/General physician

Hemodynamic stable

- O<sub>2</sub> mask with reservoir bag 10-12 LPM
- Observe signs of internal bleeding
- If external bleeding: control bleeding, stabilization
- Fluid management
- Keep warm
- Trauma lab, G/M
- Prepare for: diagnostic imaging, diagnosis procedures
- Prepare for: surgical treatment, consent form
- Monitor V/S, N/S, LOC, O<sub>2</sub> sat, Capillary refill time
- Monitor: pain, pulse, pallor, paresthesia, paralysis
- Inform caregiver, mental support
- Record

Hemodynamic unstable

- O<sub>2</sub> mask with reservoir bag 10-12 LPM or other O<sub>2</sub> supplement
- Fluid replacement, initiate 2 large-bore with warm IV fluid
- Keep warm
- Trauma lab, G/M,
- Prepare for: definite airway
- Prepare for: diagnostic imaging, diagnosis procedures
- Prepare for: surgical treatment consent form, medication administration
- If external bleeding, control bleeding, stabilization
- Monitor V/S, N/S, LOC, O<sub>2</sub> sat, Capillary refill time q 5-15 min
- Monitor: pain, pulse, pallor, paresthesia, paralysis
- Maintain normotension
- Inform caregiver, mental support
- Record

Reassessment

Definitive Care to  
OR/ICU/Unit/transfer

