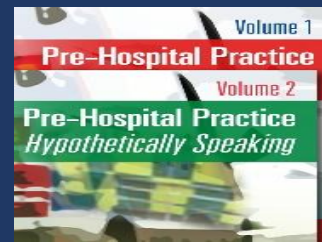


Traumatic pelvic injury

Paramedic case studies #10

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Past history

You are attending a 20 year old man who is normally healthy and well.

Today

This evening whilst driving on a wet road at the speed limit of 100km/h he lost control and the car and spun sideways. A following car has been unable to avoid collision and has run almost directly into the side of the first car. The impact point is largely into the driver's door.

On examination

CNS GCS=14 being confused to time/place and event.

CVS pale cool clammy P=110 BP=90/50

Resp 20min not c/o SOB, no dyspnoea evident, on ausc chest clear L=R. c/o pain increased with breathing

ECG sinus tachy

Pulse 96%

BSL 4.6mmol/L

Body temperature 36°C

Physical examination c/o severe pain and tenderness right side of pelvis, mid right thigh and right chest. Unable to ambulate after accident

Working assessment

Major trauma ?pelvis fracture, blunt chest and head trauma, possible femur fracture

Management

Discuss criteria major trauma – blunt pattern of injury. Two body regions involved, head and chest. Are each significant enough (yes). 5HEDS. Suspected fractured pelvis is a criteria in its own right. Does one femur qualify as a time critical factor? What time criticality is the patient? What might be overlooked given altered conscious state and distracting injuries – spinal injury, lesser musculoskeletal injuries

What else is important to pelvic injury? Open book signs of ring disturbance

What method of extraction from vehicle?

Ensure other patients are assessed as part of scene management

What position to place patient? – depends on conscious state, likely supine with knees slightly flexed

Oxygen – is it needed? Yes given major trauma indication

Analgesia – what method? Any complications? –hypotension or drowsiness in particular

Splinting fracture – ring binder or sheet wrap if fracture is open book. Discuss need to place pressure over trochanter area and not higher or lower

Can femur be splinted as well? Yes but pelvis is priority. Can splint to adjacent level or can use traction if needed provided the splint can sit inside the pelvic splint

Manage spinal precautions and any other wounds/injuries even if minor. Discuss methods to balance managing minor injuries with time criticality

Body temperature – discuss ability to lose heat in trauma and need to protect

Intravenous fluid therapy – is it required? Why or why not? Hypotension. What volume would be indicated if chosen.

Scene time – how to keep minimal? Streamlined assessment, concurrent management using other people available

Situation reports required – early for backup help, later for hospital notification

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