

Pelvic fractures in hospital

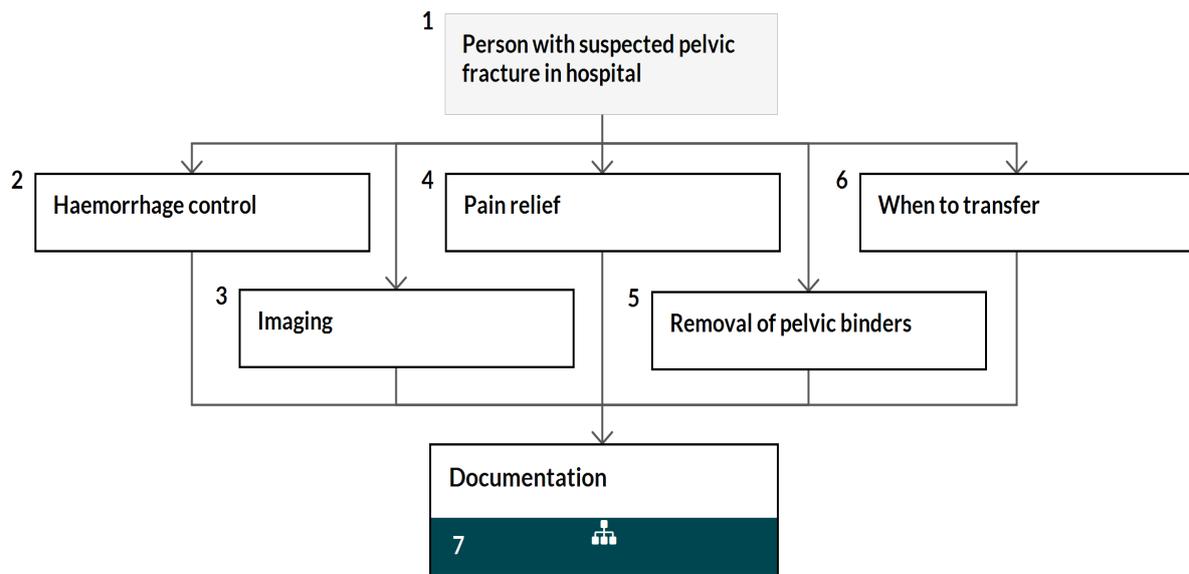
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/trauma>

NICE Pathway last updated: 03 November 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person with suspected pelvic fracture in hospital

No additional information

2 Haemorrhage control in hospital

For first-line invasive treatment of active arterial pelvic bleeding, use:

- interventional radiology if emergency laparotomy is not needed for abdominal injuries
- pelvic packing if emergency laparotomy is needed for abdominal injuries.

3 Imaging in hospital

Use CT for first-line imaging in people aged 16 and over with suspected high-energy pelvic fractures.

For first-line imaging in people under 16 with suspected high-energy pelvic fractures:

- use CT rather than X-ray when CT of the abdomen or pelvis is already indicated for assessing other injuries
- consider CT rather than X-ray when CT of the abdomen or pelvis is not indicated for assessing other injuries.

Use clinical judgement to limit CT to the body areas where assessment is needed.

Do not log roll people with suspected pelvic fractures before pelvic imaging unless:

- an occult penetrating injury is suspected in a person with haemodynamic instability
- log rolling is needed to clear the airway (for example, suction is ineffective in a person who is vomiting).

When log rolling, pay particular attention to haemodynamic stability.

4 Pain relief in hospital

High-energy pelvic fractures

For patients with suspected high-energy pelvic fractures, use intravenous morphine as the first-

line analgesic and adjust the dose as needed to achieve adequate pain relief.

If intravenous access has not been established, consider the intranasal route for atomised delivery of diamorphine or ketamine. In February 2016 this was an off-label use of intranasal diamorphine and intranasal ketamine. See [prescribing medicines at NICE website](#).

Low-energy pelvic fractures

For recommendations on the initial pharmacological management of pain in adults with suspected low-energy pelvic fractures, see [the NICE Pathway on hip fracture](#).

5 Removal of pelvic binders in hospital

For people with suspected pelvic fractures and pelvic binders, remove the pelvic binder as soon as possible if:

- there is no pelvic fracture, or
- a pelvic fracture is identified as mechanically stable, or
- the binder is not controlling the mechanical stability of the fracture, or
- there is no further bleeding or coagulation is normal.

Remove all pelvic binders within 24 hours of application.

Before removing the pelvic binder, agree with a pelvic surgeon how a mechanically unstable fracture should be managed.

6 When to transfer

Immediately transfer people with haemodynamic instability from pelvic or acetabular fractures to an MTC for definitive treatment of active bleeding.

Transfer people with pelvic or acetabular fractures needing specialist pelvic reconstruction to an MTC or specialist centre within 24 hours of injury.

Immediately transfer people with a failed closed reduction of a native hip joint to a specialist centre if there is insufficient expertise for open reduction at the receiving hospital.

7 Documentation

[See Trauma/fractures in hospital /documentation](#)

Glossary

MTC

major trauma centre

Sources

Major trauma: assessment and initial management (2016) NICE guideline NG39

Fractures (complex): assessment and management (2016 updated 2017) NICE guideline NG37

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.