Status **Active** PolicyStat ID **19212939**

Origination	03/2023
Last Approved	01/2026
Effective	01/2026
Last Revised	06/2024
Next Review	01/2029

Contact	Stephanie Spain: Trauma Prgm Mgr Adult
Area	Trauma Surgical Critical Care
Applicability	Erlanger Health - Baroness

Pelvic Fracture Practice Management Guideline

1. Process/Procedure Description

To develop and provide a systematic approach to the care of injured patients with pelvic fractures

2. Who Should Read This Process/Procedure?

Emergency Department Attending, Emergency Department Resident, Trauma Residents, Trauma Attending, Orthopedic Residents, Orthopedic Attendings

3. Process/Procedure

Step:	Process Instructions/Description:
1.	If a patient is found to have a pelvic fracture on xray they should have a TAP CT scan with contrast (if medically appropriate) to assess for pelvic hematoma. If pelvic hematoma is found on CT scan, trauma should be consulted.
2.	AP pelvic x-ray should be obtained on level 1 and 2 trauma activations with blunt mechanism of injury, ideally prior to TAP CT to help direct pelvic binder placement prior to CT scan if/when indicated.
3.	Prior to obtaining additional pelvic x-rays (e.g. inlet/outlet/oblique views) after contrasted TAP CT or retrograde urethrogram, straight or indwelling catheterization of the bladder should be performed (in order to drain contrast from the bladder to optimize skeletal image quality).
4.	Hemodynamically stable patients with the presence of a pelvic fracture with pelvic hematoma could be considered for Trauma Consult at the discretion of Orthopedics.

References:

Approval Signatures

Step Description	Approver	Date
VP Approval	Jessica Holladay: VP & ACNO Surg & Trauma Svcs	01/2026
Trauma Services Committee Approval	Stephanie Spain: Trauma Prgm Mgr Adult	01/2026
	Stephanie Spain: Trauma Prgm Mgr Adult	01/2026

Applicability

Erlanger Health - Baroness