
Forsyth County EMS

Skill Procedure: Splinting, Pelvis, (T-POD)

	MR / EMT	
	Expanded Scope EMT	
	EMT-I	
	EMT-P	

I. Clinical Indication:

Used in the initial treatment to stabilize a suspected or diagnosed pelvic fracture to help decrease blood loss and aid in pain control. The T-POD is a temporary device until definitive treatment can be accomplished.

II. Procedure:

A. Initial Assessment

1. Assess for abrasions and contusions around the pelvic area.
2. Assess for superficial hematoma above inguinal ligament, scrotum, and thigh.
3. Assess limb length discrepancy and deformity.
4. Assess pelvic stability by bimanual compression of the iliac wings.
5. Examination of the rectal and vaginal areas for bleeding.

B. Application

1. The T-POD should be placed by trained EMS provider.
2. Wrap the fabric belt around the supine patient. Fit the T-POD around the pelvis at the level of the greater trochanters (ideally the belt should cover the buttocks).
3. Cut excess belt in front leaving a 6-8 inch gap of exposed abdomen.
4. Apply pulley system/power unit to each side of the belt and slowly pull tension until tight. This will provide simultaneous circumferential compression of the pelvic region. This should aid in pain control and vital sign improvement (note: in male patients make certain genitalia are elevated out of groin area). Person applying the T-POD should document time and date device is applied in space provided.

C. Considerations

1. If an obese patient requires T-POD, two belts may be affixed together using one power unit as an extender / linker and the other as a pulley.
2. Monitor pulse and blood pressure q 5-10 minutes.
3. Children under 50lbs may be too small to obtain the 6 inch gap needed for closure

III. Certification Requirements:

Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the local EMS System. Assessment should include direct observation at least once per certification cycle.

Approved by:
Dr. R.L. Alson
Medical Director
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