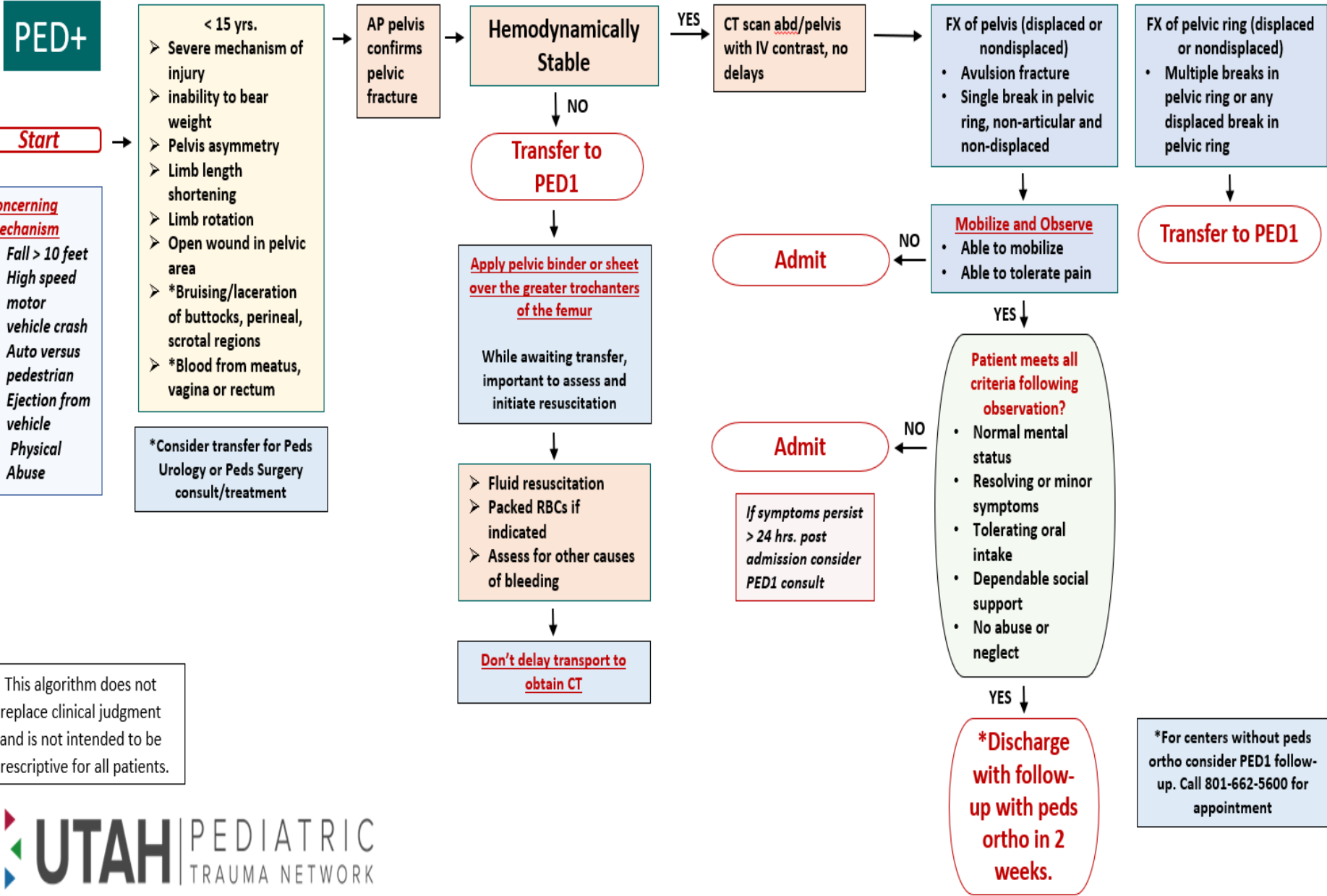


2022 Identification and Treatment of Pediatric Pelvic Fracture Clinical Guideline



- Concerning mechanism**
- Fall > 10 feet
 - High speed motor vehicle crash
 - Auto versus pedestrian
 - Ejection from vehicle
 - Physical Abuse

- < 15 yrs.**
- Severe mechanism of injury
 - inability to bear weight
 - Pelvis asymmetry
 - Limb length shortening
 - Limb rotation
 - Open wound in pelvic area
 - *Bruising/laceration of buttocks, perineal, scrotal regions
 - *Blood from meatus, vagina or rectum
- *Consider transfer for Peds Urology or Peds Surgery consult/treatment

This algorithm does not replace clinical judgment and is not intended to be prescriptive for all patients.

*For centers without peds ortho consider PED1 follow-up. Call 801-662-5600 for appointment

2022 Identification and Treatment of Pediatric Pelvic Fracture Clinical Guideline

Common Causes for Pediatric Pelvis Fracture (Result of High Force)

- MVC
- Pedestrian vs. MVC
- Falls from Significant Height
- Bicycle or Motor Bike Injuries
- High Energy Sports

Vital Signs by Age Group

Age	RR	HR	Systolic BP	Diastolic BP	Weight, kg	HR > 2 SD from Normal Range
Newborn	30-50	120-160	50-70	30-60	2-3	> 180
Infant 1-12 mos	20-30	80-140	70-100	53-66	4-10	> 180
Toddler 1-3 yrs	20-30	80-130	80-110	53-66	10-14	> 140
Preschooler	20-30	80-120	80-110	55-69	14-18	> 140
School Age 6-12 yrs	20-30	70-110	80-120	57-71	20-42	> 130
Adolescent > 13 yrs	12-20	55-105	110-120	66-80	> 50	> 110

Unstable Pelvic Fractures and Sheets in a Kocher

Apply pelvic binder or sheet over the greater trochanters of the femur

<https://youtu.be/5bYyySzIMIM>