

SAM PELVIC SLING II

1. Level: Air Med personnel only
2. Indications: Suspected Adult and Pediatric pelvic fractures requiring stabilization.
 - 2.1. Pelvic binding has been shown to improve outcomes in patients with suspected pelvic fractures by reducing internal bleeding and further injuries from movement.
3. Notes: In cases where the patient may have both fractured femur(s) and pelvic instability, the immobilization of the pelvis should be completed before immobilization of the femur(s).
4. Procedure: Remove clothing or items that may inhibit placement.
 - 4.1. Locate greater trochanter on outside of patients hips
 - 4.2. Unfold SAM pelvic sling and slide under the patient's legs until in position under pelvis
 - 4.3. Feed the black strap through the buckle
 - 4.4. Using both the black strap and the orange strap, located on the front of the device, pull simultaneously until you hear the buckle click to notify of proper tension.
 - 4.5. Maintain tension after the click and secure to the Velcro on the body of the device.
 - 4.6. Leave the device in place for transport, should it become dislodged, follow above directions to reapply.
5. Additional notes: The device material is radiolucent except for the springs in the buckle, so the device may be left in place for X-ray imagining and is MRI safe for use when the following is met:
 - 5.1. Static magnetic field of 1.5 T and 3.0 T
 - 5.2. Maximum spatial field gradient of 10,000 gauss/cm or less
 - 5.3. Maximum MR system reported, whole body averaged specific absorption rate (SAR) of 4 W/kg for 15 minutes of scanning in the Normal Operating Mode of operation