

**DISCLAIMER:**

This document provides an example/format to help you develop the actual protocol you will use for your organization. Your actual organizational protocol must be approved by the medical supervisor or medical director and must comply with all applicable federal, state and local laws and regulations.

**NOTE:** Each procedure or device protocol requires a detailed assessment of the organization's operational environment (types of patients and distances to be transported) as well as the level of training of the emergency medical personnel that will be using the device.

Protocols must be approved by the medical supervisor or medical director.

Protocols must comply with all applicable federal, state and local laws and regulations.

All personnel that will be using the T-PODResponder™ device (T-PODResponder) must receive appropriate training and education prior to use. This should include using the Pyng Training PowerPoint Presentation and successful demonstration of the user's ability to assess the indications for use of T-PODResponder and apply it in the pre-hospital environment.

**SUBJECT:** T-PODResponder Utilization Protocol

**SCOPE:** This procedure shall apply to all personnel that carry and/or utilize T-PODResponder.

**DISCUSSION:** T-PODResponder is designed to provide rapid, effective circumferential, equal compression of the pelvis to stabilize potential fractures, minimize blood loss, reduce pain and minimize morbidity and mortality. The device can be applied by a single user with minimal movement of the patient

**PRODUCT DESCRIPTION:** T-PODResponder Pelvic Stabilization Device. A two part device - fabric belt and a plastic/Velcro Mechanical Advantage pulley system (power unit).

**USE:** Adults and children.

**INITIAL ASSESSMENT:** Perform primary survey and standard trauma or comprehensive secondary survey to determine if there is a possibility of a pelvic injury and possible pelvic fractures. This may include, but is not limited to:

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 and crepitus by bimanual compression of the iliac wings.
5. Examinations of the rectal and vaginal areas for bleeding.

**APPLICATION:** T-PODResponder should be placed by trained healthcare providers, in accordance with their organizational protocols. Wrap the fabric belt around the supine patient. Fit T-PODResponder around the pelvis so that the top of T-PODResponder is at the level of iliac crest. Alternatively T-PODResponder can be centered at the level of the greater trochanters. Then cut

excess belt in front leaving a 6-8 inch gap of exposed pelvis. Apply pulley system/power unit to each side of the belt and slowly draw tension until snug. This provides 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). A healthcare provider should check distal neurovascular status before and after application. Person applying T-POD Responder should document time and date device is applied in space provided.

#### **CONSIDERATIONS**

1. If an obese patient requires T-POD Responder, two belts may be affixed together using one power unit as an extender and the other as the pulley.
2. Monitor pulse and blood pressure in accordance with your organizational protocols.
3. Healthcare providers should release tension every 12 hours to check for skin integrity and provide wound care as necessary.
4. T-POD Responder should be replaced when soiled or after every 24 hours of use.
5. Place Foley catheter prior to application as needed.
6. Ensure that you can have a 6"-8" gap on small children to ensure TPOD effectiveness. You may also have to adjust the actual placement of the TPOD depending on the child's size.

#### **OUTCOMES:**

1. Lowered rate of morbidity.
2. Decreased blood loss or hemorrhage.
3. Decreased need for administration of blood or blood by-products.
4. Decreased patient pain levels and need for pain medication.
5. Provides a quick, safe, and effective method for the initial treatment of pelvic injury and possible pelvic fractures.