

PELVIC COMPRESSION DEVICE (PCD)



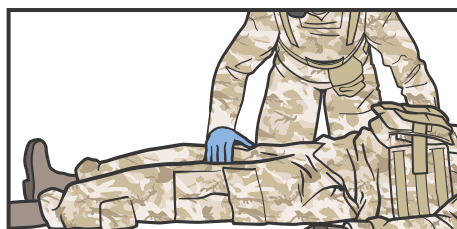
CONSIDER body substance isolation.
NOTE: If a Combat Lifesaver (CLS) is available, direct them to assist.

NOTE: Use of a PCD does not preclude use of a junctional tourniquet if indicated.



01 **EMPTY** the casualty's pockets and remove items from around the hip area.

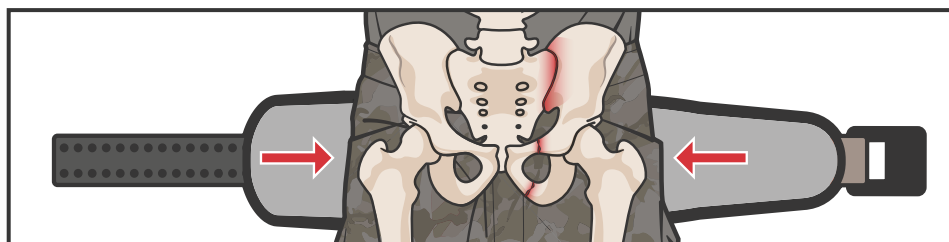
NOTE: Direct the CLS to manually stabilize the area (if possible).



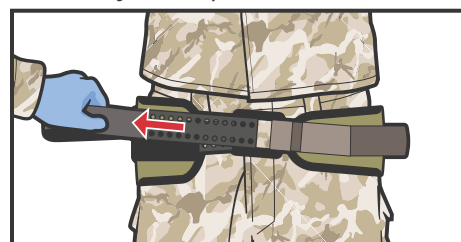
02 **PLACE** the casualty in the supine position.



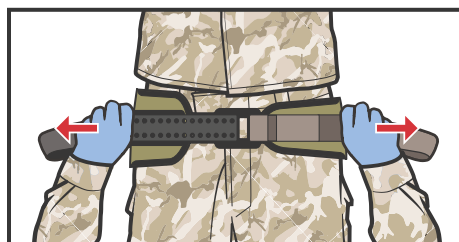
03 **LOOK** for signs of deformities, contusions, abrasions, punctures, burns, lacerations or swelling; and palpate for tenderness, instability or crepitus.



04 **PASS** the PCD behind the thighs and slide it upward to the level of the greater trochanters.

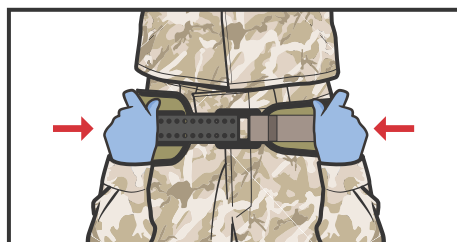


05 **PLACE** the strap through the buckle and pull completely through.



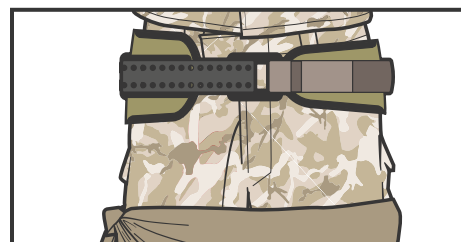
06 **PULL** opposing straps firmly in the opposite direction until you hear and feel the buckle click.

NOTE: Binder may not always click when appropriately applied.



07 **MAINTAIN** tension and immediately press free end of the strap onto the surface of the PCD.

NOTE: Do not be concerned if you hear a second click after the PCD is secured.

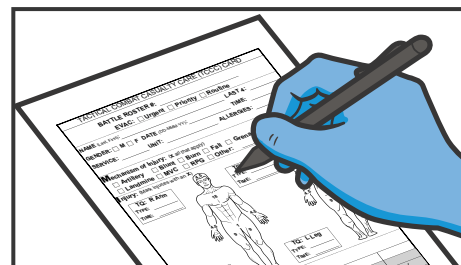


08 **SECURE** the legs together to minimize external rotation of the thighs.



06 **MONITOR** the casualty for effective hemorrhage control by assessing for shock (altered mental status in the absence of brain injury and/or weak or absent radial pulse), as these are signs of internal bleeding that may not be visible.

NOTE: Reapply the PCD if signs and symptoms of shock appear or worsen, tactical situation permitting.



07 **DOCUMENT** all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.