Management of pelvic ring injury in adults with hemodynamic instability

Guidelines referenced

ORGANIZATION	TITLE, YEAR	CITATION	GRADING SYSTEM
British Orthopedic Association	The Management of Patients with Pelvic Fractures, 2018 ¹	ВОА	None
Eastern Association for the Surgery of Trauma	Eastern Association for the Surgery of Trauma practice management guidelines for hemorrhage in pelvic fracture — update and systematic review, 2011 ²	EAST	Level 1: Convincingly justifiable based on available scientific information alone. Supported by prospective randomized studies or prospective, noncomparative studies or retrospective series with controls. Level 2: Reasonably justifiable by available scientific evidence and strongly supported by expert opinion. Supported by prospective, noncomparative studies or retrospective series with controls or a preponderance of retrospective analyses. Level 3: Supported by available data but lacking adequate evidence. Supported by retrospective analyses.
World Society for Emergency Surgery	Pelvic trauma: WSES classification and guidelines, 2017 ³	WSES	 1A: Strong recommendation, high-quality evidence 1B: Strong recommendation, moderate-quality evidence 1C: Strong recommendation, low-quality or very low-quality evidence 2A: Weak recommendation, high-quality evidence 2B: Weak recommendation, moderate-quality evidence 2C: Weak recommendation, low-quality or very low-quality evidence

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ORGANIZATION	TITLE, YEAR	CITATION	GRADING SYSTEM
Eastern Association for the Surgery of Trauma	Management of blunt force bladder injuries: A practice management guideline from the Eastern Association for the Surgery of Trauma, 2019 ⁴	EAST 2019	Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology
British Orthopedic Association	The Management of Urological Trauma Associated with Pelvic Fractures, 2016 ⁵	BOA 2016	None
American Urologic Association	Urotrauma Guideline, 2014 ⁶	AUA	Evidence reviewed via systematic review. Strength of evidence rating of A (high), B (moderate), or C (low). Where there lacked sufficient evidence, statements were qualified as Clinical Principles or Expert Opinions.