Purpose:
To increase intra-abdominal/intra-pelvic pressure and peripheral vascular resistance
To provide rigid stabilization for suspected pelvic and/or lower extremity fractures

Indications:
Suspected abdominal aortic aneurysm
Suspected pelvic and/or femur fracture
Extensive soft tissue injuries to lower extremities

Advantages:
Increased arterial blood pressure
Increased venous return to the heart
Increased/stabilized cardiac output
Decrease of hemorrhage under the garment
Stabilization of fractures

Disadvantages:
Covers abdomen, pelvis and lower extremities, obscuring visualization
Increase in hemorrhage in areas not covered by garment
Application may delay transport

Complications:
Absence of increased arterial blood pressure
Absence of increased venous return to the heart
Absence of increased/stabilized cardiac output
Increase in hemorrhage
Stabilization of fractures

Contraindications:
Pulmonary edema/CHF
Penetrating thoracic injury
Thoracic aneurysm or dissection

Contraindications to abdominal inflation:
Abdominal evisceration
Acute abdominal distention
Impaled object in abdomen
3rd trimester pregnancy

INFLATION

Unfold PASG on long board
Remove sharp objects from patient's pockets or remove clothing
Dress any wounds
Note and document physical assessment findings of any pathology which will be covered by PASG
Move patient onto PASG, utilizing scoop stretcher
Position patient on PASG with superior edge of suit just below rib cage
Beginning at ankles, secure velcro straps to mold suit around the patient
Attach inflation pump and open all three valves
Inflate the suit until:
a. The patient's systolic pressure exceeds 90 mmHg (if the suit is used for hypotension)
b. The velcro straps crackle
c. Air escapes from the relief valves
Close valves to all compartments
Assess and monitor changes in patient's condition

DEFLATION

Assure IV lines are in place and all blood/fluid loss has been controlled
Close valves and remove tubing
Slowly deflate abdominal portion, 1/3 of the air at a time, monitoring vital signs and level of consciousness
Slowly deflate one leg, then the other monitoring vital signs and level of consciousness
If there is a decrease in blood pressure or increase in pulse, reinflate the PASG and reassess volume status

NOTES:
- Deflation should be stopped anytime the patient's systolic pressure falls more than 5 mmHg or pulse increases by more than 5 beats/minute or there is any change in level of consciousness.