

PRACTICE GUIDELINE

Effective Date: **6-18-04**

Manual Reference: **Deaconess Trauma Services**

TITLE: **BLUNT ABDOMINAL TRAUMA**

PURPOSE: To identify the patient that may have significant intra-abdominal injury after blunt abdominal trauma and identify appropriate diagnostic approaches to determine intra-abdominal injury.

GUIDELINES:

1. Assess and treat primary survey if abdominal bleeding is suspected. The complete abdominal trauma assessment is part of the secondary survey.
2. Perform physical examination of the abdomen, including flank and perineal exam. FAST exam should be completed by Trauma Surgeon if patient is hemodynamically unstable and there is the **possibility of abdominal injury**.
3. Consider the **possibility of abdominal injury** in the following situations:
 - a. Obvious abdominal pain with or without peritoneal findings on physical examination.
 - b. Significant external findings on the abdominal wall such as contusion, bleeding, and/or laceration (seat belt sign).
 - c. Pelvic fracture.
 - d. Lower rib fractures.
 - e. Lumbar or low thoracic spine fractures.
 - f. Unexplained hemorrhage, shock, or blood loss.
 - g. A history of abdominal impact (deformed steering wheel, vehicle compartment damage) in a patient with altered level of consciousness related to:
 - i. Drug and/or alcohol impairment.
 - ii. Quadriplegia, paraplegia.
 - iii. Traumatic brain injury with coma.
 - iv. Prolonged non-abdominal surgery requiring anesthesia.
4. Go immediately to surgery for emergency laparotomy for the following:
 - a. Findings of diffuse peritoneal irritation.
 - b. Hemorrhagic shock with indication that blood loss is in the abdomen
 - c. Ruptured diaphragm, or free or retroperitoneal air
 - d. Positive FAST or DPL exam on a hemodynamically unstable patient
5. If the patient has indication of abdominal injury and has stable vital signs:
 - a. Perform abdominal CT scan, if results:
 - i. Show solid organ injury, then admit the patient for observation.
 - ii. Show no solid organ injury and confirms free abdominal fluid, then consider laparoscopy or laparotomy for unexplained free fluid.
 - b. If DPL, FAST and/or CT abdomen and pelvis are negative, consider admission to the hospital for observation after the treatment of other injuries.

6. If observation patient develops peritoneal signs, fever, prolonged ileus, or continued abdominal pain consider repeat abdominal CT scan for possible perforated bowel or exploratory laparotomy.

REFERENCES:

- ❖ Deaconess Trauma Guideline Manual, PENETRATING INJURIES TO THE ABDOMEN.

REVIEWED DATE	REVISED DATE
JAN 05	JAN 08
JAN 06	3/24/16
JAN 07	AUG 2016
OCT 11	
AUG 14	
JAN 17	
JAN 18	
JAN 19	