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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:

- A. Assess and treat primary survey if abdominal bleeding is suspected
 - a. The complete abdominal trauma assessment is part of the secondary survey
- B. Perform physical examination of the abdomen, including flank and perineal exam
- C. FAST exam should be completed by Trauma Surgeon if patient is hemodynamically unstable and there is the possibility of abdominal injury
 - a. Hemodynamically unstable is defined a patient meeting 2 of the following
 - i. Confirmed SBP < 90
 - ii. RR > 30
 - iii. HR > 100
 - b. Point-of-care ultrasound is available 24 hours/day in the Emergency Department
 - c. It is the responsibility of the provider to document the result of the ultrasound in the EMR.
- D. 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 on a hemodynamically unstable patient
- E. If the patient has indication of abdominal injury and has stable vital signs
 - a. Perform abdominal CT scan
 - b. If CT shows a solid organ injury, refer to the Solid Organ Injury guideline
 - c. If CT shows no solid organ injury and confirms free abdominal fluid, then consider laparoscopy or laparotomy for unexplained free fluid
- F. 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 Guidelines, Penetrating Injuries to the Abdomen