Patient presents with mechanism of injury or presenting symptom concerning for blunt abdominal trauma

- Trauma Resuscitation ATLS
- Primary/Secondary Survey, May consider FAST: If abnormal, Consult Surgery
- Trauma Labs: CBC, CMP, Lipase, UA, Serum Pregnancy for menstruating females
- Imaging: CXR, Consider Pelvic X-ray

Hemodynamically Stable? 

- Yes
  - Consider Surgery consult prior to CT scan
  - Consider Abdominal/Pelvis CT Scan with IV Contrast (Continue to page 2)

- No
  - Consult Surgery

Free Air or Peritonitis?

- Yes
  - OR for Exploratory Laparotomy
  - ED to notify PICU of pending admission
  - Admit to PICU after OR (Continue to page 2)

- No
  - Consult Surgery
    - Abdominal/Pelvis CT Scan with IV Contrast

Does patient have any of the following?

- AST > 200
- Lipase > 400
- Abdominal wall trauma tenderness/distension
- Abnormal CXR
- Complaint of abdominal pain (Per Physician discretion)

Consult Surgery for the following:

- Seatbelt sign
- + CT scan
- Physical findings or abnormal lab values
- Unreliable physical exam findings
- GCS ≤ 14
- Abnormal FAST (If performed)

Admission Criteria

- Seatbelt sign: High suspicion if not across pelvic bones
- Uncontrolled pain
- Not tolerating PO
- Altered mental status (from baseline)
- Unable to walk

Consider PICU per Physician discretion

Acronyms

BAT: Blunt Abdominal Trauma
ATLS: Advanced Trauma Life Support
FAST: Focused Assessment Sonography for Trauma
GCS: Glasgow Coma Scale
CXR: Chest X-ray
MOI: Mechanism of Injury
MTP: Mass Transfusion Protocol

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Positive CT Scan with IV Contrast?

- No
  - Admission for observation per physician discretion

- Yes
  - Free Air
    - Exploratory Laparotomy

- Yes
  - Suspected Hollow Visceral Injury
    - Free Fluid?
      - Yes
        - Diagnostic Laparoscopy vs Admit for Serial Abdominal Exams (Per Physician discretion)
      - No
        - Admit to Hospital

- Yes
  - Solid Organ Injury
    - Admit to Hospital

Follow ATOMAC Guideline (See page 3)
Liver or Spleen Injury by CT Scan (or suspected injury)

Ongoing or very recent bleeding?
(As determined by Surgeon; may include high HR, low BP, delayed cap refill)

- No
  - Stable
    - Type and Screen
    - Admit to non-ICU
    - Vitals q2H x 4, then q4h
    - Bedrest overnight
    - Hb at 6, 12, and 24 hrs

- Yes
  - Hypoperfused
    - 20ml/kg LR or NS
    - If non-responder or transient response, 10-20 mL/kg PRBC
    - Consider other causes (tamponade, spinal shock, etc.)
    - Consider the Massive Transfusion Protocol

Hb <7.0 or symptomatic?

- No
  - Hypoperfused
    - 20ml/kg LR or NS
    - If non-responder or transient response, 10-20 mL/kg PRBC
    - Consider other causes (tamponade, spinal shock, etc.)
    - Consider the Massive Transfusion Protocol

- Yes
  - Stabilized
    - Discharge Criteria:
      - Vitals signs stable
      - Tolerating regular diet
      - Minimal abdominal pain
      - Floor status
      - Regular Diet
      - Ambulate if Hb stable for 24 hrs

  - Continued Bleeding
    - 10mL/kg PRBC
    - NPO
    - Bedrest additional 24 hrs
    - Hb q6h until stable x2

  - Surgery
    - No other cause identified
    - HR/BP/Perfusion stabilize
    - CT if not already done
      - Admit to PICU
      - Vitals per ICU routine
      - NPO
      - Hb q6h
      - Bedrest until Hb stable

Hb <7.0 or symptomatic?

- No
  - Stabilized
    - Discharge Instructions:
      - No Ibuprofen or other NSAIDs
      - Acetaminophen okay
      - May return to school when off narcotic pain meds
      - Restricted activity for length of ASPA Guidelines (Grade + 2 = weeks)
      - Return to ED for increasing pain, pallor, dizziness, vomiting, worsening shoulder pain, GI bleeding or black tarry stools. Call office for jaundice.
      - Grade 1-2: ??
      - Grade 3-5: Office visit at 2 weeks.
      - No follow-up imaging is required. Imaging is optional.
      - Must follow-up in clinic to be cleared for sports

- Yes
  - Continued NOM at surgeon discretion
  - Surgery
  - angiography and embolization if available
  - Failure of Non-operative Management (NOM)

- Rebleed or continued bleeding
  - PICU until Hb stable for 24 hrs
  - Hb ≥ 7.0
    - <4 units PRBC & <40 mL/kg PRBC
  - Hb ≤ 7.0
    - 10-30mL/kg PRBC
    - NPO
    - Bedrest x 24 hr
    - Hb q6h