



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 <sup>4</sup>
- Trauma Labs <sup>2</sup>: CBC, CMP, Lipase, UA, Serum Pregnancy for menstruating females
- Imaging <sup>3</sup>: CXR, Consider Pelvic X-ray

Hemodynamically Stable?

Consult Surgery

Normal GCS and  
Reliable Physical Exam  
(No distracting injuries)?

Free Air or  
Peritonitis?

Does patient have any of the following?

- AST > 200
- Lipase > 400
- Abdominal wall trauma tenderness/distension
- Abnormal CXR <sup>3</sup>
- Complaint of abdominal pain (Per Physician discretion)

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

- Continue resuscitation
- Evaluate for other potential sources of shock
- Abdominal/Pelvis CT scan if stable
- Admit to PICU (Continue to page 2)

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

- Consult Surgery <sup>4</sup>
- Abdominal/Pelvis CT Scan with IV Contrast <sup>3</sup>

- Admit - See admission criteria <sup>5</sup>
- Discharge: If does not meet admission criteria <sup>5</sup>
- If concern for NAT, follow the NAT Guideline (insert link) (Continue to page 2)

Admit to Hospital <sup>5</sup>  
(Continue to page 2)

### Exclusion Criteria

- Any penetrating trauma

### <sup>2</sup> Trauma Labs

- CBC
- CMP
- Lipase
- Urinalysis
- If hemodynamically unstable, consider Type and Screen or Mass Transfusion Protocol (MTP)

### <sup>3</sup> Imaging

Consider Pelvic X-ray if pelvic pain, unstable pelvis or seat belt sign

CXR findings concerning for intra abdominal injury:

- Pneumoperitoneum
- Pneumothorax
- Hemothorax
- Any other finding significant for intra-abdominal injury

Consider Surgery consult prior to CT scan

### <sup>4</sup> Consult Surgery

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)

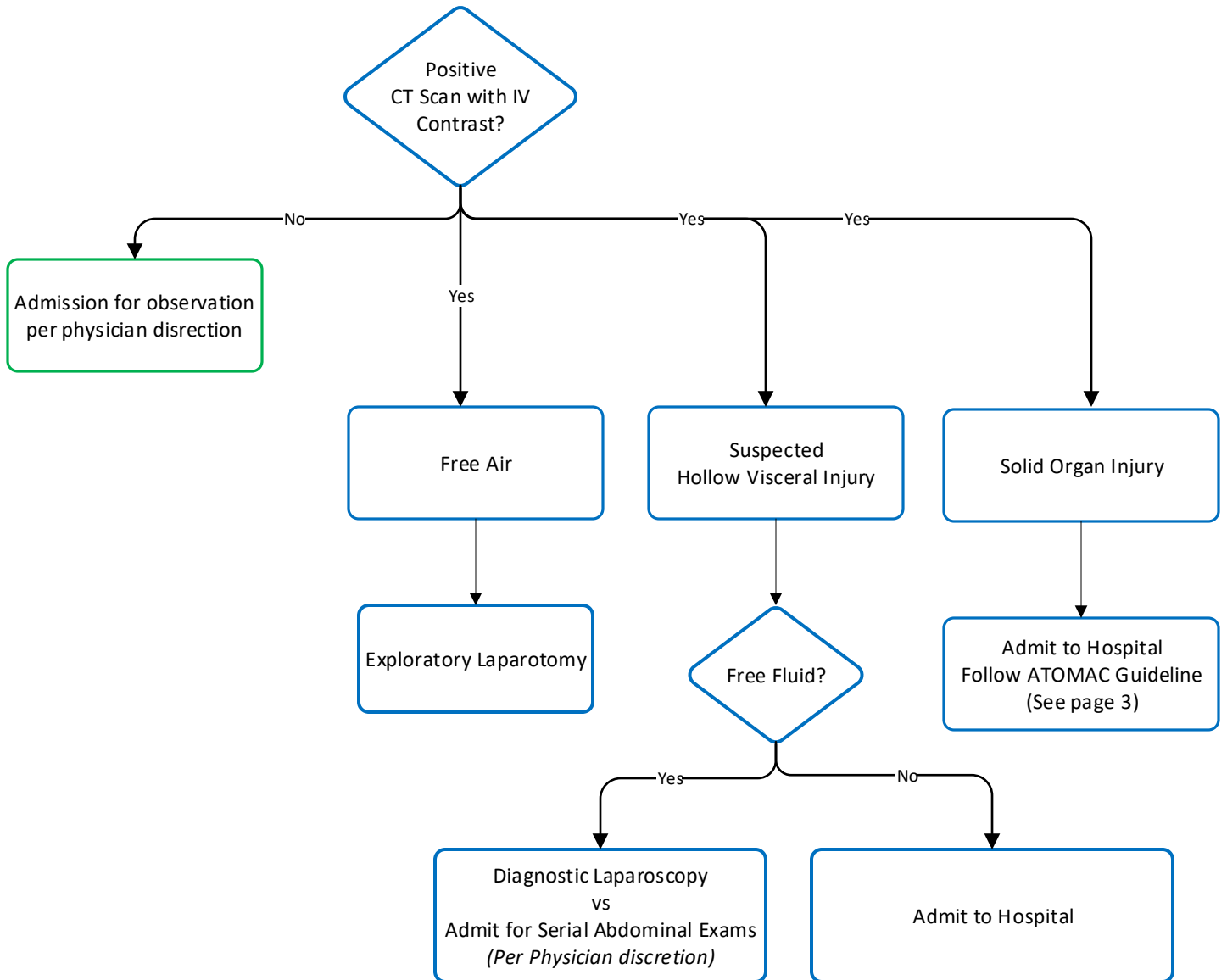
### <sup>5</sup> Admission Criteria

- 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

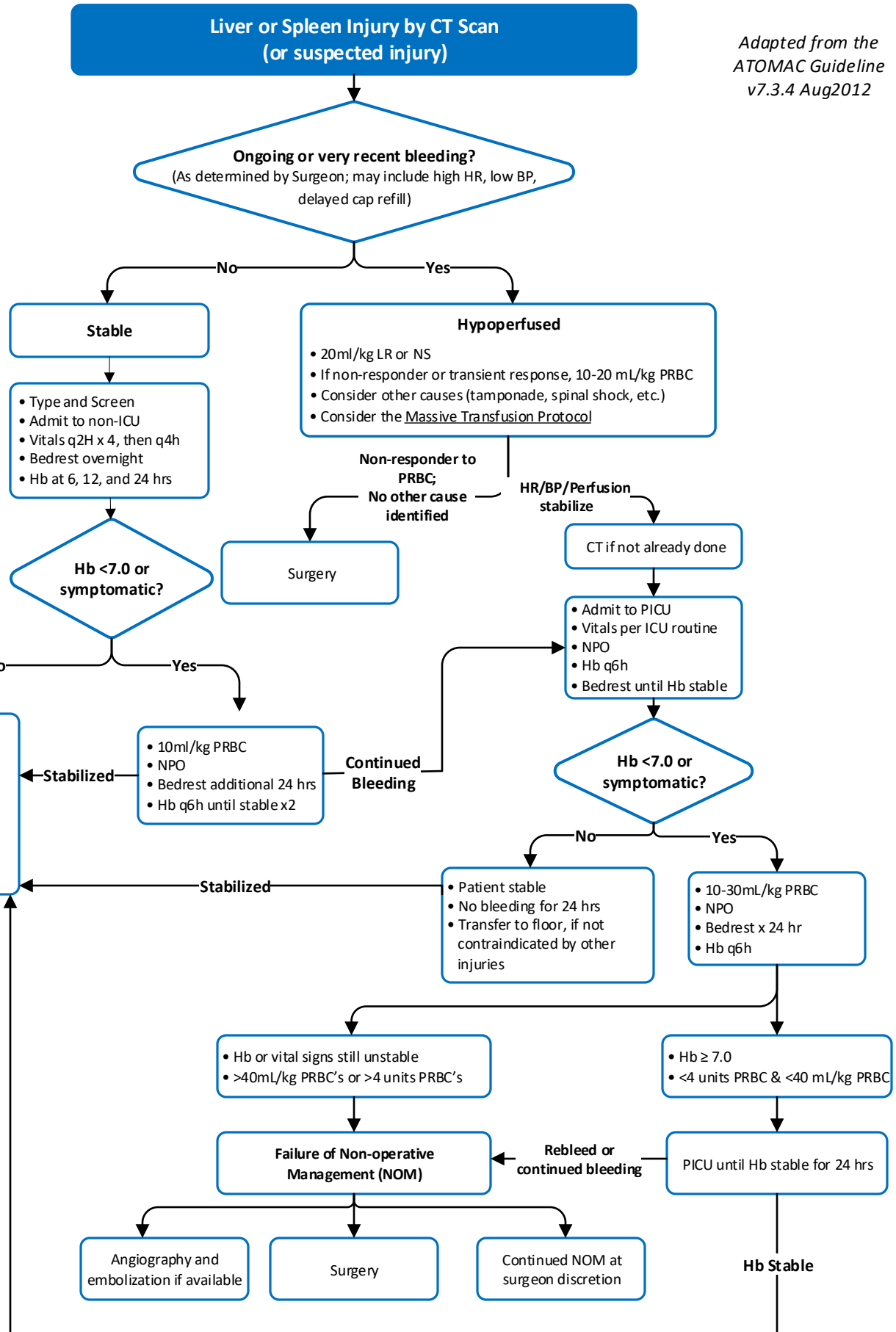
- BAT:** Blunt Abdominal Trauma
- ATLS:** Advanced Trauma Life Support
- FAST:** Focused Assessment Sonography for Trauma
- GCS:** Glasgow Coma Scale
- CXR:** Chest X-ray
- MOI:** Mechanism of Injury
- MTP:** Mass Transfusion Protocol





Adapted from the  
ATOMAC Guideline  
v7.3.4 Aug2012

- Follow ATLS protocol first
- Patients with peritonitis are managed per surgeon discretion and do not follow the algorithm
- Polytrauma patients may follow when not contraindicated
- Continued Bleeding: Defined by the Surgeon (i.e. inadequate Hb increase to transfusion, hemodynamic signs of hypovolemia +/- anemia)
- Stable Hb: a Hb value not dropping more than 0.5mg/dl in 12 hrs. Repeat Hb is optional
- Any lab suspected to be erroneous may be repeated prior to the medical-decision making
- Times refer to time of injury
- Late presentation: Stable patients presenting with 48 hrs post injury are still admitted for 24 hrs of observation but Hb rechecks are optional. Injuries >48 hrs are at Surgeon discretion



### 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