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

- No
  - Consult Surgery

Free Air or Peritonitis?

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

- No
  - No
  - Yes
  - OR for Exploratory Laparotomy
  - ED to notify PICU of pending admission
  - Admit to PICU after OR (Continue to page 2)

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
- Consult Surgery consult prior to CT scan

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)

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

Exclusion Criteria

- Any penetrating trauma