	Trauma Services	No. 4080
	Title: Blunt Abdominal Injury- Shared	Page: 1 of 2 Effective Date: 07/23/2020

PURPOSE:

To provide for the optimum care of patients who have experienced blunt abdominal trauma.

Blunt abdominal trauma (BAT) can produce a plethora of injuries ranging from minor, single-system to severe multi-system. The primary assessment is important for early evaluation for potential intra-abdominal hemorrhage after BAT. Significant loss of blood in the abdominal cavity can be present without a notable change in hemodynamics or peritoneal irritation. There is significant energy transfer, to the abdomen, from BAT that can lead to injuries involving solid organs, hollow viscera, retroperitoneal organs, abdominal wall, and major/minor blood vessels. Vascular injury involves shear or avulsion of medium or large arteries, which if presenting with hemorrhagic shock require emergency operation. Delayed peritonitis or signs of systemic infection may herald the presence of a previously missed hollow visceral injury.

PROCEDURES:

- I. Complete primary survey to establish stability of patient
- II. Utilize appropriate adjuncts based on patient’s stability or clinical findings
 - a. Xray
 - b. Focused assessment with sonography in trauma (FAST)
 - i. Diagnostic peritoneal lavage (DPL) or aspiration can be considered in equivocal cases with negative FAST exam
 - c. CT scan of abdomen and pelvis
 - d. MRCP or CT Urogram
 - i. If concern for pancreatic and kidney injuries
 - e. Diagnostic laparoscopy
 - i. If concern for bowel injury is low
- III. Based on results determine need for admission vs operation
 - a. Serial abdominal examination
 - b. Interventional radiology (IR) for embolization
 - c. Laparotomy

I. ADDITIONAL RESOURCES

- a. *J Trauma*. 53(3): 602-615, September 2002.
- b. *Advanced Trauma Life Support ATLS: Student Course Manual*. (2018). 10th ed. Chicago: American College of Surgeons.

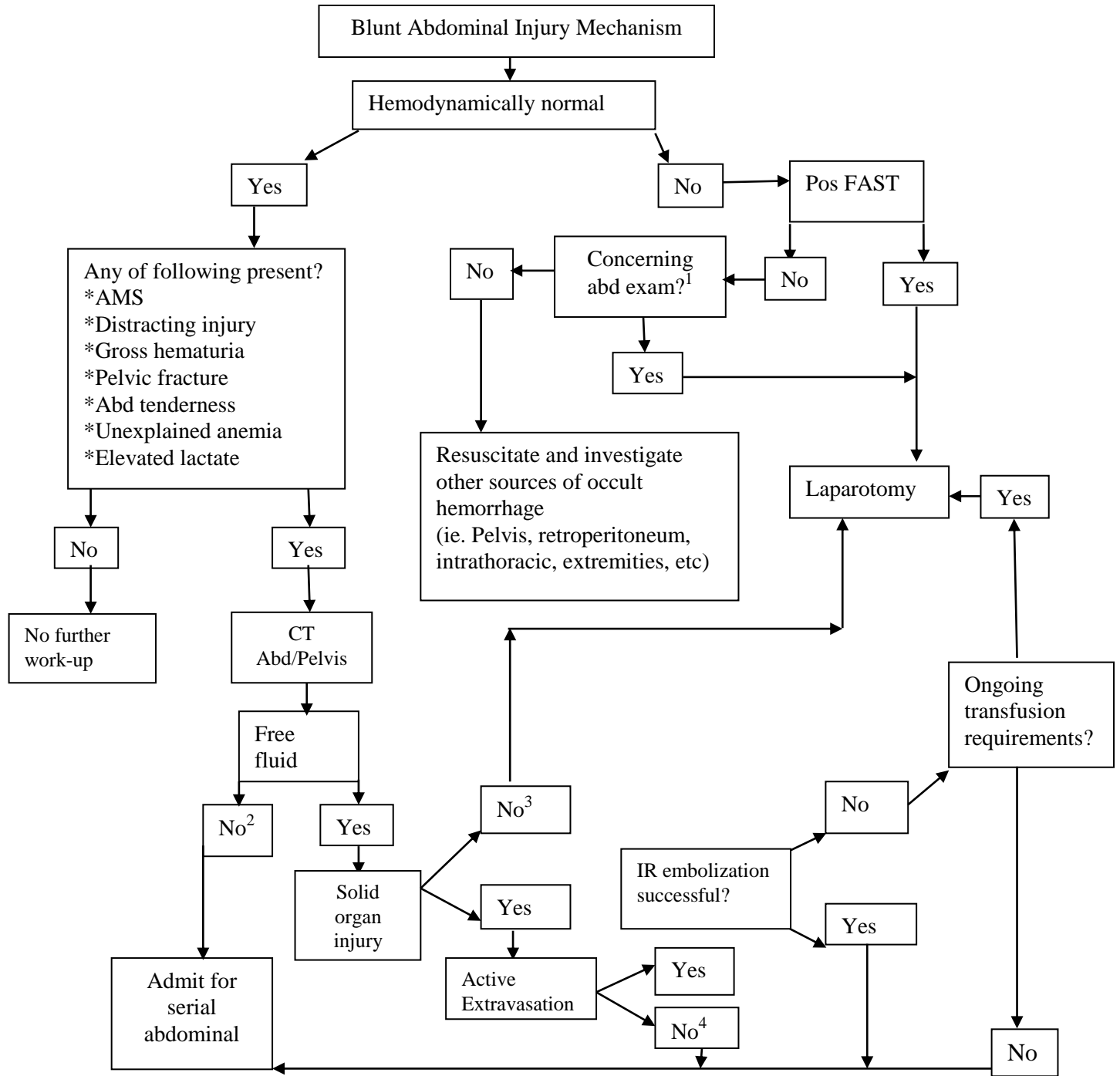
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Prepared by: MGR, TRAUMA PROGRAM

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1- Diagnostic peritoneal lavage or aspiration can be considered in equivocal cases with negative FAST

2-CT findings such as free intraperitoneal air, mesenteric hematoma, bowel stranding, or bladder injury may necessitate operative exploration

3-Diagnostic laparoscopy should be considered if concern for bowel injury is low

4-Pancreatic and kidney injuries may necessitate adjunctive studies (MRCP, CT urogram) or operative exploration

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