GUIDELINES AND PROTOCOLS

Lyndon B. Johnson General Hospital Trauma Services Department

Guideline/Protocol Number: T32

DIAGNOSTIC PERITONEAL LAVAGE

PURPOSE:

Diagnostic peritoneal lavage (DPL) is used to detect intra-abdominal bleeding after blunt trauma. A diagnostic peritoneal lavage is not useful for identifying retroperitoneal bleeding.

PROCESS:

I. Definition
   A. Diagnostic peritoneal lavage (DPL) may be used to identify intra-abdominal bleeding after blunt trauma. DPL may be performed in any patient care setting in the hospital. It is recommended that DPL be performed early in the Emergency Department setting to evaluate the severely injured, hypotensive patient, especially if the abdominal examination is (1) suggestive of injury or (2) unreliable, e.g., patient is unresponsive.

II. Contraindications
    A. Decision has already been made to perform abdominal surgery
    B. Previous abdominal surgery
    C. Known cirrhosis of the liver.
    E. Known medical history of coagulopathy.
    F. DPL may not be necessary in patients with positive FAST exam

III. Equipment
    A. 1000cc intravenous normal saline or Ringer’s lactate intravenous administration set
    B. Portable IV stand
    C. Suture tray
    D. 000 silk suture (1)
Guidelines and Protocols

E. Sterile, disposable surgical drape
F. Sterile gloves
G. #15 disposable scalpel
H. Peritoneal dialysis set
I. Sterile 4x4 sponges
J. Needles, syringe, local anesthetic
K. Betadine preps
L. Disposable razor
M. Sterile collection container
N. Mayo stand
O. Specimen tube for fluid sample
P. 1” tape
Q. Commercially prepared DPL Tray

IV. Procedure
A. Place a gastric tube and Foley catheter prior to procedure
B. Position patient flat on back.
C. Clean area with Betadine and drape with sterile towels.
D. Open suture tray on Mayo stand.
E. Set up IV, run fluid through tubing and cover end to keep sterile.
F. After physician inserts tube into peritoneal cavity:
   1. Attach IV administration tubing to adapter on dialysis tube in abdomen.
   2. Open IV control clamp completely permitting IV solution to enter abdominal cavity.
   3. When IV bag has emptied -- lower empty IV bag to the floor -- permitting the solution to return from the abdominal cavity to the IV bag by gravity flow.
   4. When solution flow has stopped -- disconnect bag from tubing.
   5. Place dressing over puncture site after dialysis tube is removed from abdomen by physician.
Guidelines and Protocols

V. Preparation of Fluid Specimen
   A. Agitate fluid in bag.
   B. Withdraw 10-30cc of fluid
   C. Place fluid in specimen container
   D. Place patient’s label on container
   E. Complete requisition
   F. Send specimen to lab in biohazard bag

VI. Charting
   A. Date, time, procedure performed, name of physician performing lavage.
   B. Note color of returned fluid (clear, pink, fresh blood, etc.)
   C. Record specimen sent to lab.

REFERENCE / BIBLIOGRAPHY:

OFFICE OF PRIMARY RESPONSIBILITY:

LYNDON B. JOHNSON HOSPITAL TRAUMA SERVICES

REVIEW / REVISION HISTORY

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