GUIDELINES AND PROTOCOLS

Lyndon B. Johnson General Hospital Trauma Services Department

Guideline/Protocol Number: T31

ABDOMINAL TRAUMA

PURPOSE:

To establish the standard of practice and guidelines for the management of care for the patient with an acute traumatic injury to the abdomen

PROCESS:

I. BLUNT ABDOMINAL TRAUMA

A. Hemodynamically Unstable Patient (Non Responders or Transient Responders)

1. FAST exam (Focused Assessment with Sonography for Trauma)
   a. Positive – Exploratory Laparotomy
   b. Negative or Indeterminate - Consider Diagnostic Peritoneal Aspirate (DPA).
      (1) Positive – Exploratory Laparotomy
      (2) Negative – Consider extra-peritoneal sites of hemorrhage or non-hemorrhagic etiologies.

B. Hemodynamically Stable Patient (or Responder)

1. FAST exam
2. CT SCAN based on Risk Assessment
   a. High risk clinical findings
   b. Altered sensorium or reliability (drug intoxication or distracting injury)
3. Serial abdominal with/without serial ultrasound evaluations
4. Solid Organ Injury
   a. Non-operative management of solid organ injuries should be considered in patients who are hemodynamically stable or respond to initial damage control resuscitation.
b  Consider adjunctive angio-embolization in patients with active extravasation or with pseudoaneurysms.

c  Contraindications

(1)  Peritonitis
(2)  Nonresponsive or transiently responsive hemodynamic instability

d  Relative Contraindications

(1)  Significant Traumatic Brain Injury or Spinal Cord Injury (any condition where transient hypoperfusion could significantly worsen outcome)
(2)  Altered Mental Status or inability to follow serial abdominal exams.

II.  PENETRATING ABDOMINAL TRAUMA

A.  Hemodynamically Unstable Patient
   1.  Exploratory Laparotomy

B.  Hemodynamically Stable Patient
   1.  Clinical indications for immediate laparotomy

   a  Evisceration
   b  Peritonitis
   c  Impalement
   d  Frank blood from NGT or on DRE
   e  Peritoneal Violation

   (1)  Determination of peritoneal violation

      (a)  Local wound exploration (LWE)
      (b)  CT
      (c)  Laparoscopy
      (d)  Ultrasonography – can be used to screen for peritoneal violation but not rule out
III. THORACOABDOMINAL TRAUMA

A. Consider diagnostic laparoscopy for any blunt or penetrating trauma with significant concern for diaphragm injury.

REFERENCE / BIBLIOGRAPHY:

OFFICE OF PRIMARY RESPONSIBILITY:

LYNDON B. JOHNSON HOSPITAL TRAUMA SERVICES

REVIEW / REVISION HISTORY

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