

## PRACTICE GUIDELINE

Effective Date: 6-18-04

Manual Reference: **Deaconess Trauma Services**

### **TITLE: BLUNT ABDOMINAL TRAUMA**

**PURPOSE:** To identify the patient that may have significant intra-abdominal injury after blunt abdominal trauma and identify appropriate diagnostic approaches to determine intra-abdominal injury.

### **GUIDELINES:**

1. Assess and treat primary survey results. Abdominal trauma assessment is part of the secondary survey.
2. Perform physical examination of the abdomen, including flank and rectal exam.
3. Consider the possibility of abdominal injury in the following situations:
  - a. Obvious abdominal pain with or without peritoneal findings on physical examination.
  - b. Significant external findings on the abdominal wall such as contusion, bleeding, and/or laceration.
  - c. Pelvic fracture.
  - d. Fractures present above and below the diaphragm.
  - e. Lower rib fractures.
  - f. Lumbar or low thoracic spine fractures.
  - g. Unexplained hemorrhage, shock, or blood loss.
  - h. A history of abdominal impact (deformed steering wheel, vehicle compartment damage) in a patient with altered level of consciousness related to:
    - i. Drug and/or alcohol impairment.
    - ii. Quadriplegia, paraplegia.
    - iii. Traumatic brain injury with coma.
    - iv. Prolonged non-abdominal surgery requiring anesthesia.
4. Go immediately to surgery for emergency laparotomy for the following:
  - a. Findings of diffuse peritoneal irritation.
  - b. Hemorrhagic shock with indication that blood loss is in the abdomen (distending abdomen).
  - c. Ruptured diaphragm on chest X-ray.
5. If the patient has indication of abdominal injury and has stable vital signs:
  - a. Perform abdominal CT scan, if results:
    - i. Show solid organ injuries, then admit the patient for observation.
    - ii. Show no solid organ injuries and confirms abdominal fluids, then perform DPL or FAST exam.
  - b. DPL is negative, admit to the hospital for observation after the treatment of other injuries.
6. If observation patient develops peritoneal signs, fever or prolonged ileus without a source, consider abdominal CT scan for possible perforated bowel.

**REFERENCES:**

- ❖ Deaconess Trauma Guideline Manual, PENETRATING INJURIES TO THE ABDOMEN.

<b>REVIEWED DATE</b>	<b>REVISED DATE</b>
JAN 05	JAN 08
JAN 06	
JAN 07	