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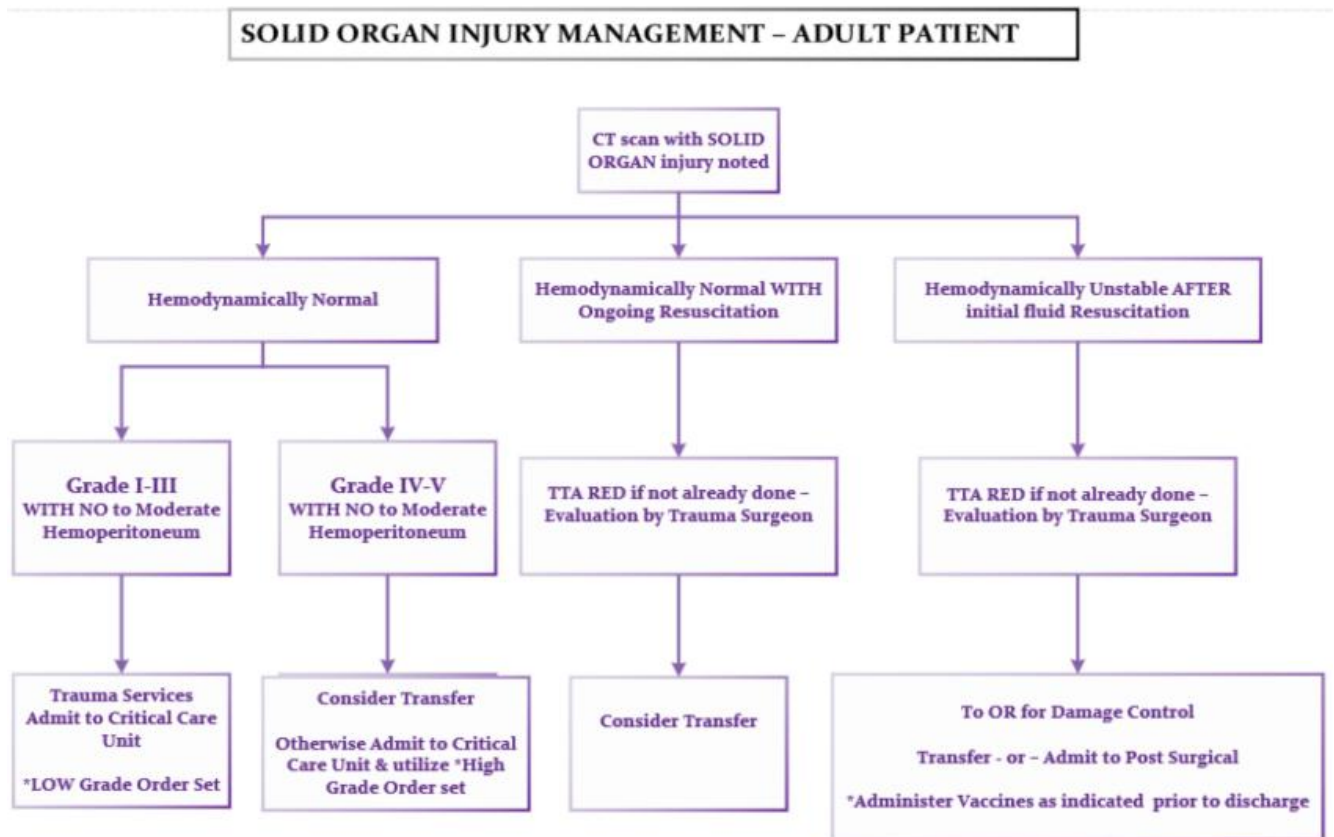
Solid Organ Injury Management – Adult Patient

Purpose:

To define the clinical management of operative and non-operative solid organ injuries based on the anatomic injury classification and in conjunction with the patient’s hemodynamic status

Guidelines:

A. Adult Solid Organ Injury Management – Adult Patient” algorithm



B. Solid organ injury (Liver, Spleen, Kidney) with normal hemodynamics

1. Grade I – III injury with NO to moderate hemoperitoneum and hemodynamically normal
 - a. Admit to Critical Care

- b. Utilize Low Grade Order Set
 - c. Discharge criteria:
 - i. To home when hemodynamically normal for 36 hours and no change in abdominal exam for 36 hours
2. Grade IV – V (IV-VI kidney)
 - a. With NO or moderate hemoperitoneum
 - i. Consider transfer
 - ii. Admit to Critical Care unit
 - iii. Utilize High Grade Order Set
 - b. Discharge criteria:
 - i. Move to Low Grade Order Set
 - ii. To home when hemodynamically normal for 36 hours and no change in abdominal exam for 36 hours
- C. Solid Organ injury with normal hemodynamics and with ongoing resuscitation
 1. Activate Trauma Red, if not already done - Trauma Surgeon to evaluate
 2. Consider Transfer
- D. Solid Organ injury with instability at any time after initial fluid resuscitation
 1. Activate Trauma Red, if not already done - Trauma Surgeon to evaluate
 2. To OR for
 - a. Damage Control and transfer if indicated
 - b. If splenectomy is required
 - i. Admit to Post-Surgical
 - ii. Administer vaccines as indicated prior to discharge
 - Pneumococcus vaccine (Pneumovax)
 - Meningococcus vaccine
 - Haemophilus influenza vaccine
 - Influenza vaccine split quadravalent (Flulaval, Fluzone) 0.5 mL IM
- E. Consider Massive Transfusion Protocol (MTP) and/or Tranexamic acid (TXA) if onset of blood loss < 3 hours
- F. DVT Prophylaxis:

1. Sequential Compression Device (SCD) on admission
2. Consider chemical DVT prophylaxis within 24 hours of admission or when Hgb stabilizes.

G. Discharge Instructions for non-operative solid organ injuries

1. Activity
 - a. Non-vigorous, normal activity weeks 0-6
 - b. Vigorous activity weeks 7-12
 - c. High impact activity/sports after 12 weeks
2. Expect mild increase in abdominal pain 7-10 days after injury
 - a. Should return to baseline after 1-2 days
3. Call if
 - a. New, unrelenting pain
 - b. Frequent lightheadedness
 - c. Persistent pain after 2 weeks

References:

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