TRAUMA CLINIC FOLLOW UP

**SPLEEN INJURIES**

**Grade I – II:** Clinic visit at 2 weeks, clinical exam, blood pressure, heart rate, lung exam.
- If no symptoms/findings, no labs, X-rays or further FU.
- Return to sports or manual work at 6 weeks.

**Grade III – V:** Clinic visit at week 1, 3, 6. Week 1 – check CBC.
- For all visits: clinical exam, blood pressure, heart rate, O2 sats, lung exam.
- Consider effusion if decreased BS or sats → CXR.
- Confirm pt received DC packet/instructions.
- No repeat scan unless symptoms, decrease of hgb, or prior to return to competitive sports/high risk work.

**Post-splenectomy:** Clinic visit at 2 weeks and 6 weeks with clinical exam, blood pressure, heart rate, lung exam.
- Confirm pt received DC packet/splenectomy card.
- Confirm pt received vaccinations. Notify Attending if patient DID NOT get vaccines.

**LIVER INJURIES**

**Grade I – II:** Clinic visit at 2 weeks, clinical exam, blood pressure, heart rate, lung exam.
- If no symptoms/findings, no labs, X-rays or further FU.
- Return to sports or manual work at 6 weeks.

**Grade III – V:** Clinic visit at week 1, 3, 6. Week 1 – check CBC.
- For all visits: clinical exam, blood pressure, heart rate, O2 sats, lung exam. Consider effusion if decreased BS or sats → CXR.
- Consider biloma if RUQ pain or jaundice → CT ABD/PELVIS w/ contrast if no allergy.
- Consider infected biloma or abscess if fever → CT ABD/PELVIS w/ contrast if no allergy consider admission.
- No repeat scan unless symptoms, decrease of hgb or increase of LFT/jaundice, or prior to return to competitive sports/high risk work.

**RIB FRACTURES/PNEUMOTHORAX/HEMOTHORAX**

- Clinic visit at 2 weeks, clinical exam, blood pressure, heart rate, O2 sats, lung exam and CXR PA & Lateral.
- *IF:* Normal vitals, O2 sats > 95% in non-smoker, > 92% in smoker, not on oxygen therapy, then no further FU except if need to wean pain meds.
- *IF:* Low sats, still on O2 (not home baseline), abnormal CXR, or high dose pain meds, follow every 1-2 weeks.
- *IF:* New effusion, retained hemothorax or persistent pain, disability → discuss need for CT chest with 3D reconstructions of ribs for possible rib plating +/- admission with Attending.

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