

RENAL LACERATION PROTOCOL

| | I | II | III | IV | V |
|-----------------|-------------------------------|---|--|---|---|
| DVT Px | In 24 hours | 48 hours | 72 hr <u>if h/h stable</u> | 72 hr <u>if h/h stable</u> | 72 hr <u>if h/h stable</u> |
| Activity | Light, BRP | OOB at 24 hours <u>if h/h stable</u> and ambulate at 48 hours | OOB at 48 hours <u>if h/h stable</u> and ambulate PTD 2 | OOB at 72 hours <u>if h/h stable</u> and ambulate PTD 3 | OOB at 72 hours <u>if h/h stable</u> and ambulate PTD 3 |
| Disposition | Floor/Tele | Floor/Tele | SDU | ICU | ICU |
| LABS ++ | Q8x24 ^o then daily | Q8x24 ^o then daily | Q4x24 ^o then q12x24 ^o then daily | Q4x48 ^o then Q12x48 ^o then daily | Q4x48 ^o then Q12x48 ^o then daily |
| Re-imaging | Not Required | Not Required | Not Required | CT IVP in 48 hours ^^ | CT IVP in 48 hours ^^ |
| Embolization | Not Required | Not Required | Any arterial extrav in stable patient, expanding hematoma, or declining hemoglobin | As for III | As for III |
| Stents | Not Required | Not Required | Yes consider | As for III | As for III |
| Initial Imaging | Not Required | Not Required | Delays at admission | As for III | As for III |
| Follow UP | Not Required | Not Required | Not Required | 3 months with CT IVP^^ | Same as for IV |
| Foley Catheter | Not Required | Not Required | Not Required | Insert | Insert |

***A stable hemoglobin and hematocrit are objective findings on a stable blood volume, ie. Bleeding has stopped. Despite hematuria (subjective) if the h/h is stable clinically significant bleeding is not occurring.

***Recommendations in red reflect the spleen/liver protocol currently used.

*Age > 17 years

^^ If pelvic/urine leak

Side Notes

-Urology Consult on ALL

-When determine gross hematuria resolved, obtain urine analysis to determine RBCs

-If renal artery occlusion and < 6 hours, obtain vascular surgery consult