

PEDIATRIC ISOLATED RENAL INJURY GUIDELINES

GRADE IV & V

	Admission Day	PTD 1	PTD 2	PTD 3	PTD 4 & 5
Level of Care	ICU	ICU	Step down (if HGB stable)	Floor (if HGB stable)	Floor
Laboratory	H&H q 4hr	H&H q 8hr	H&H q 12hr	H&H q 12hr	AM hemoglobin
Nursing Orders	VS q1hr Strict I&O MIVF NG if indicated (gastric distention or repeated vomiting) Foley Cath	VS q1hr Strict I&O MIVF NG if indicated (gastric distention or repeated vomiting) Foley Cath	VS q4hr Strict I&O MIVF Consider D/C NG Foley Cath	VS q shift I&O D/C MIVF D/C foley only if clear of blood D/C NG	VS q shift I&O
Treatments and Procedures	Consider art line IS q2-4 hrs SCD	Consider art line IS q2-4 hrs SCD	D/C art line IS q2-4 hrs SCD	IS SCD	IS SCD
Medications	Famotidine IV q8 Ondansetron PRN IV Docusate BID <u>Pain Management:</u> Morphine PRN IV q2-4hrs, consider PCA	Famotidine IV q8 Ondansetron PRN IV Docusate BID <u>Pain Management:</u> Morphine PRN IV q2-4hrs, consider PCA	Famotidine IV q8 Ondansetron PRN IV Docusate BID <u>Pain Management:</u> <u>Mild Pain-</u> acetaminophen PRN q4 <u>Moderate pain-</u> acetaminophen with codeine PRN q4 <u>Moderate to severe pain-</u> Morphine PRN IV q2-4hrs, consider PCA	Transition to PO meds Famotidine q8 Ondansetron PRN Docusate BID <u>Pain Management:</u> <u>Mild Pain-</u> acetaminophen PRN PO q4 <u>Moderate to severe pain-</u> acetaminophen with codeine PRN PO q4	Assess amount of pain control needed—MUST have pain managed by PO prior to D/C
Nutrition	NPO	NPO	Full Liquid	Progress as tolerate—Regular	Regular
Activity	Bedrest	Bedrest	OOB in room only	OOB as tolerated	Ambulate without difficulty
Discharge Planning					3-4 weeks follow up in Peds surgery clinic
Return to School					3-4 weeks
Time of restricted activity for normal activity					Grade IV= 6 weeks Grade V= 7 weeks
*Time of restricted activity for full contact, competitive sports					12 weeks
**Imaging-Pre-discharge, Post-discharge				None	follow up ultrasound of injured organ prior to clinic visit

* Return to full contact, competitive sports (i.e. football, wrestling, hockey, lacrosse, mountain climbing) should be at the discretion of the individual pediatric trauma surgeon. The proposed guidelines for return to unrestricted activity include “normal” age-appropriate activity.

** Follow-up imaging not necessary; however focused imaging based on clinical symptoms is encouraged.