RENAL LACERATION PROTOCOL

	I	II	III	IV	V
DVT Px	In 24 hours	24 hours	48 hr if h/h stable	48 hr if h/h stable	72 hr if h/h stable
Activity	Light, BRP	OOB at 24 hours if h/h stable and ambulate at 24 hours	OOB at 48 hours if h/h stable and ambulate PTD 2	OOB at 72 hours if h/h stable and ambulate PTD 3	OOB at 72 hours if h/h stable and ambulate PTD 3
Disposition	Floor/Tele	Floor/Tele	SDU	ICU	ICU
LABS ++	Q8x24° then daily	Q8x24° then daily	Q4x24° then q12x24° then daily	Q4x48° then Q12x48° then daily	Q4x48° then Q12x48° 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

~~Updated 11/11/15~~
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