WVU Medicine Children's
CRITICAL CARE & TRAUMA CENTER

# Practice Management Guideline
# Spleen & Liver Trauma
# Solid Organ Injury - SOI

## Hemodynamically Unstable

1. Give 20ml/kg NS bolus x2, then up to 20 ml/kg PRBC
2. Clinical suspicion of SOI as cause of ongoing life threatening hemorrhage will go straight to the operating room
3. Patients with recurrent hypotension with confirmation of hemoperitoneum by FAST or CT will go to the operating room or interventional radiology for definitive therapy.
4. Patient with peritonitis and sufficient suspicion for a hollow viscus injury and a solid organ injury will go to the operating room for diagnosis and treatment.
5. Hemodynamically stable patient who initially respond to fluids and are without peritonitis are eligible to enter the pathway for SOI.

## Initial Evaluation

1. Patients with SOI AAST grade 3 or less, no contrast blush on CT, normal stable vital signs, Hgb >9gm/dl - trauma surgeon evaluation within 12 hours.
2. Patients with SOI AAST grade 4 or 5, any contrast blush on CT, any period of hypotension or initial Hgb<9gm/dl - trauma surgeon evaluation within 2 hours of arrival.

## Initial Orders for Stable Patients

1. Admit to a non-ICU bed unless other injuries require intensive care or monitoring.
2. Vitals Q2 hours x4 then Q4 hours if continued stability
3. Labs - Hgb 6 & 12 hours post admission
    - If stable (change is less than 0.8 gm/dl) x2 then stop lab checks

| Initial Hgb>9 | Initial Hgb <9 and >7 | Initial Hgb <7 |
|---|---|---|
| No type and cross | Type and screen | Type and crossmatch 2 units |
| Ad lib diet & activity | Bed rest overnight | Bed rest overnight |
| Saline lock fluids | Ad lib diet | Clear liquids only |
| | Saline lock fluids | IVFs D5 NS + 20mEq/l KCL |
| Stable overnight: | Stable overnight: | Stable overnight: |
| D/C home when meeting D/C criteria | D/C home when meeting D/C criteria | Ad lib diet and activity, saline lock fluid |
| | | Stable 12 hrs with ambulating & diet: |
| | | D/C home when meeting DC criteria |

## D/C Criteria

1. Labs are stable x2
2. Vital signs are normal and stable
3. Ambulating with minimal assistance
4. Tolerating regular diet

## Follow-up Instructions

- AAST Grade 1&2 SOI - Follow up in Pediatric Surgery Trauma Clinic in 2 weeks
- AAST Grade >2 - Follow up in Pediatric Surgery Trauma Clinic in 2 weeks, further follow-up at surgeon discretion
- No routine imaging. Ultrasound for symptoms of jaundice, abdominal pain, early satiety
- AAST grade of SOI plus two for the number of weeks of non-contact activity
    - ◊ Grade I - 3 weeks
    - ◊ Grade II - 4 weeks
    - ◊ Grade III - 5 weeks
    - ◊ Grade IV - 6 weeks

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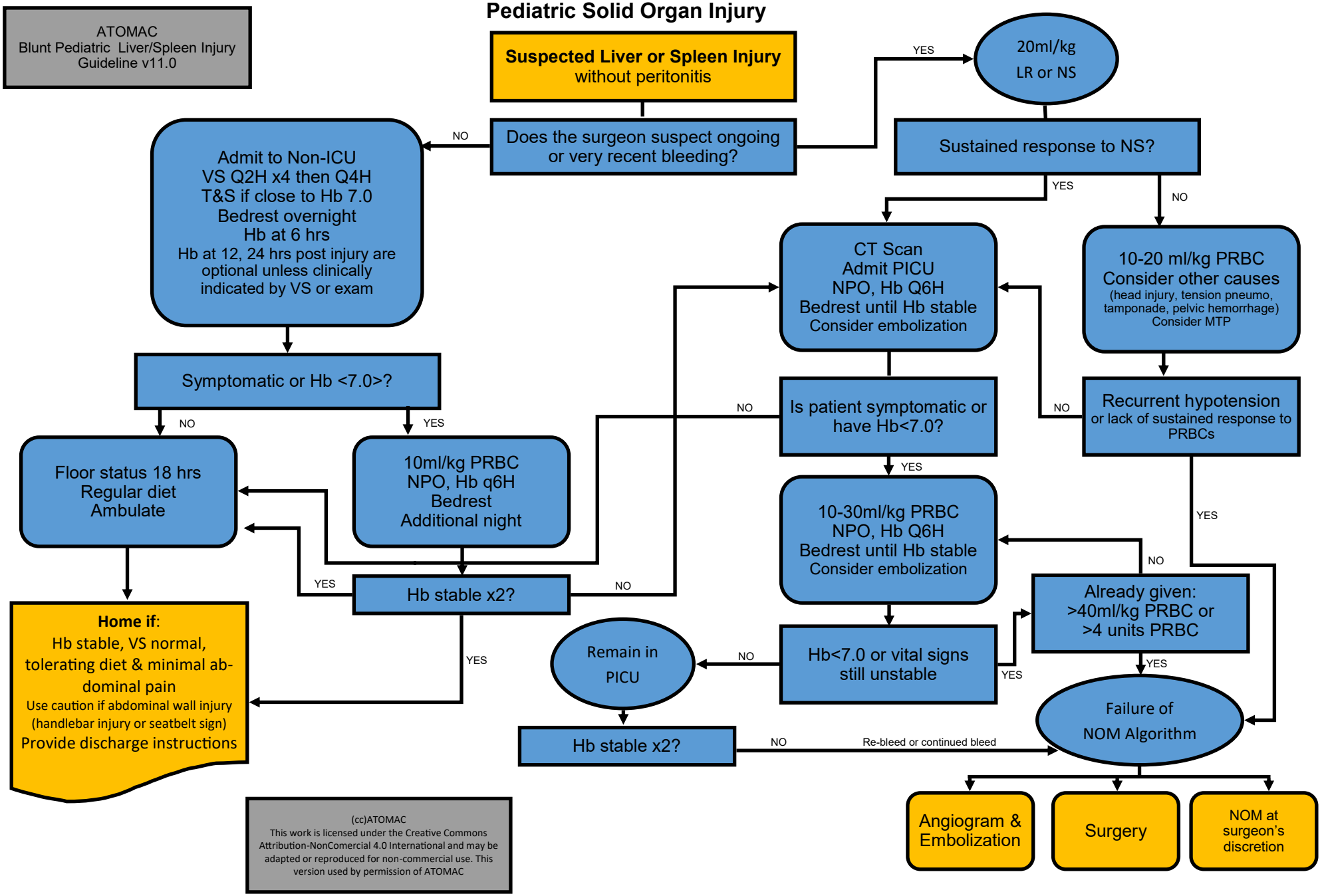
# Practice Management Guideline
# Pediatric Solid Organ Injury

ATOMAC
Blunt Pediatric Liver/Spleen Injury Guideline v11.0






Reviewed 1/2023