

RENAL LACERATION Guideline

	I	II	III	IV	V
DVT Px	In 24 hours	24 hours	24 hr <u>if h/h stable</u>	48 hr <u>if h/h stable</u>	48 hr <u>if h/h stable</u>
Activity	Light, BRP	OOB at 24 hours <u>if h/h stable</u> and ambulate at 24 hours	OOB at 24 hours <u>if h/h stable</u> and ambulate PTD 2	OOB at 48 hours <u>if h/h stable</u> and ambulate PTD 3	OOB at 48 hours <u>if h/h stable</u> and ambulate PTD 3
Disposition	Floor/Tele	Floor/Tele	SDU	ICU	ICU
LABS ++	Q8x24° then daily	Q8x24° then daily	Q4x24° then q12x24° then daily	Q4x24° then Q12x48° then daily	Q4x24° then Q12x48° then daily
Re-imaging	Not Required	Not Required	CT IVP in 48 hours	CT IVP in 48 hours	CT IVP in 48 hours
Embolization	Not Required	Not Required	Any arterial x-rav 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

Side Notes

- Urology Consult and CT IVP if concern for collecting system injury
- When determine gross hematuria resolved, obtain urine analysis to determine RBCs
- If renal artery occlusion and < 6 hours, obtain vascular surgery consult