

Workup of Small Bowel Injuries

Hard Signs

CT – free air
Contrast extravasation

Physical Exam
--Peritonitis



OR

High Suspicion

CT—free fluid with NO solid organ injury
--Mesenteric contusion or laceration
--Target Sign
--Bowel wall thickening/stranding/edema
--Seat belt sign
--Traumatic abdominal wall hernia
--Chance fracture



Consider diagnostic laparoscopy or laparotomy
Admit for serial abdominal exams and labs (CBB, Lactate, BMP) for q 4° prefer with same clinician
Document
Consider repeat CT scan of abdomen and pelvis at 12-24° if increasing WBC, increased abdominal pain, persistent nausea, feeding tolerance, ↑ acidosis/lactate, invasive evaluation with laparoscopy or laparotomy