**Workup of Small Bowel Injuries**

**Hard Signs**
- CT - free air
  - Contrast extravasation
- Physical Exam
  -- Peritonitis

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**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

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Consider diagnostic laparoscopy or laparotomy
Admit for serial abdominal exams for 12-24" 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

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