The Trauma Professional's Blog
Clinical Practice Guideline
Blunt Liver And Spleen Injury

CT Scan
Liver or spleen injury noted

Hemodynamically normal

Grade I-III
AND Mild/Moderate
hemoperitoneum

Admit to WARD
Ward protocol orders

Grade IV-V
OR Large
hemoperitoneum

Angiography

ICU or OR
Based on stability

Hemodynamically unstable

At any time after initial fluid resus

To OR

Ward Protocol

ICU Protocol

Vital signs
q2° x 4, then q4° x 24°
Continuous monitoring

Urine output
q shift
q 4°

IV access
16 Ga or better
16Ga or better

IV fluid
Maintenance rate
Maintenance rate

Diet
Regular
Regular

Lab
Hgb on admission, and fol-
lowing day
Hgb on admission, 8 hrs
after admission, then daily
only at physician discretion

Abdominal exam
q4° x 3, and prior to dis-
charge
q4°

Activity
Up ad lib
Up ad lib

Thresholds
Call MD for SBP<90,
HR>120, significant change
in abdominal exam
Call MD for SBP<90,
HR>120, significant change
in abdominal exam

Discharge criteria
To home: Hemodynamical-
ly normal x36°, no change
in abdominal exam x36°
To ward: Normotensive
with no tachycardia x24°,
average fluid requirements

Notes:
- No NPO
- No activity restriction
- No serial Hgb
- No repeat CT scan

Discharge Instructions
Activity:
- Nonvigorous, normal activity weeks 0-6
- Vigorous activity weeks 7-12
- High impact activity / sports after 12 weeks
Expect mild increase in abdominal pain 7-10 days after injury.
Should return to baseline after 1-2 days.

Call if:
- New, unrelenting pain
- Frequent light-headedness
- Persistent pain after 2 weeks