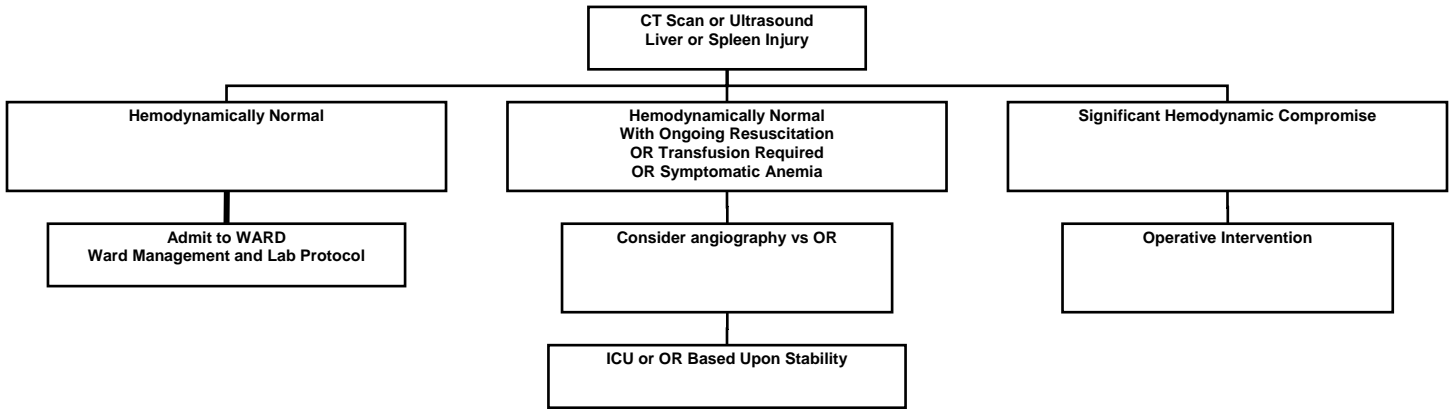


Pediatric Clinical Practice Guideline

Blunt Liver And Spleen Injury



	ICU Protocol	Ward Protocol
Vital Signs	Continuous monitoring [no independent indication for invasive arterial monitoring]	q2° x 4, then q4° x 24 hrs
Urine Output	Continuous monitoring x 24 hrs	Q shift
IV Access	Ensure adequate IV access [no independent indication for central venous access]	Ensure adequate IV access
IV fluid	Maintenance rate Bolus only at direction of MD	Maintenance rate Bolus only at direction of MD
Diet	NPO x 6 hrs, then Diet as tolerated	NPO x 6 hrs, then Diet as tolerated
Lab	Hgb on admission Hgb 4hr after admission, then Hgb daily and at direction of MD	Hgb on admission Hgb on Day 1 after admission, then Hgb on physician judgment No further labs needed
Abdominal exam	Daily	Daily
Activity	Bedrest x 12 hrs, then Up to chair with supervision	Bedrest x 12 hrs, then activity as tolerated
Thresholds	Call MD for age-specific hypotension or tachycardia Call MD for significant change in abdominal sx or exam	Call MD for age-specific hypotension or tachycardia Call MD for significant change in abdominal sx or exam
Discharge criteria	Normotensive with no tachycardia x24 hrs Average fluid requirements Can ambulate without significant hemodynamic compromise	Hemodynamically normal x36 hrs No change in abdominal sx or exam x36 hrs as per MD judgment

Discharge Instructions	<ul style="list-style-type: none"> • Followup 1-2 weeks • Older children <ul style="list-style-type: none"> ○ Nonvigorous activity only (at least one foot on floor) for 6 weeks. Lifting allowed. ○ Vigorous activity weeks 6-12 ○ High impact activity after 12 weeks • Younger children: injury grade +2 weeks (at least one foot on floor) • No followup studies unless pain persists at 2 weeks • High grades: expect more pain temporarily at days 7-10 • Call if new unrelenting pain, frequent light-headedness, or if pain persists more than 2 weeks
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