Pediatric Clinical Practice Guideline
Blunt Liver And Spleen Injury

ICU Protocol | Ward Protocol
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**Vital Signs** | Continuous monitoring [no independent indication for invasive arterial monitoring] q2º x 4, then q4º 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]
**IV fluid** | Maintenance rate
Bolus only at direction of MD
**Diet** | NPO x 6 hrs, then
Diet as tolerated
**Lab** | Hgb on admission
Hgb 4hr after admission, then
Hgb daily and at direction of MD
**Abdominal exam** | Daily
**Activity** | Bedrest x 12 hrs, then
Up to chair with supervision
**Thresholds** | 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
**Discharge Instructions** | Followup 1-2 weeks
Older children
  o Nonvigorous activity only (at least one foot on floor) for 6 weeks. Lifting allowed.
  o Vigorous activity weeks 6-12
  o 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