Clinical Practice Guideline
Blunt Liver And Spleen Injury
Adult

CT Scan
Liver or spleen injury noted

Hemodynamically normal

Grade I-III
WITH no to moderate hemoperitoneum
Admit to Trauma Unit
Ward protocol orders

Grade IV-V
(includes extrav & pseudoaneurysm)
OR Lg hemoperitoneum
Admit to Trauma Unit
Ward protocol orders

Hemodynamically normal
WITH ongoing resuscitation

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
16 Ga or better

IV fluid
Maintenance rate
Maintenance rate

Diet
Regular
Regular

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

Abdominal exam
q4° x 3, and prior to discharge
q4°

Activity
Up ad lib
Up ad lib

Thresholds
Call MD for SBP<90, HR>120, significant change in abdominal exam
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Discharge criteria
To home: Hemodynamically 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

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