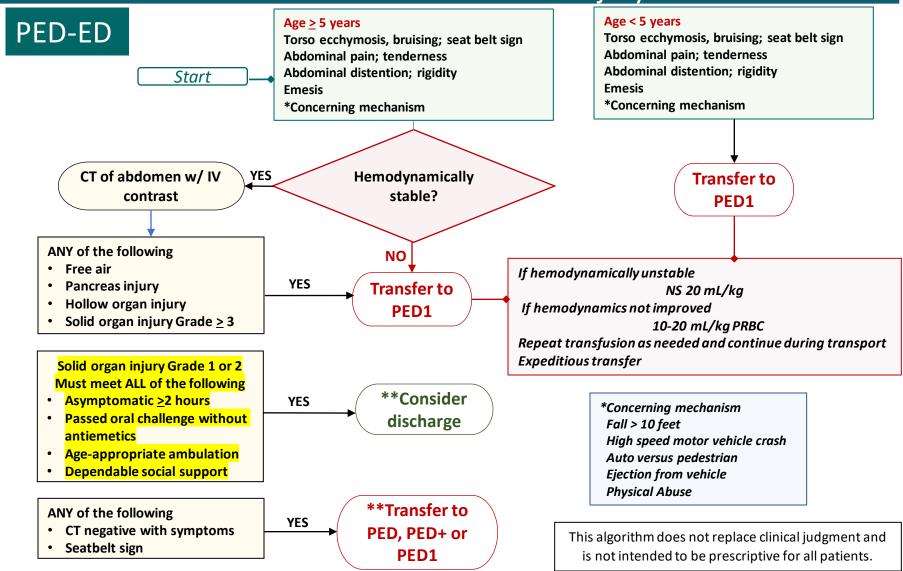
2023 Pediatric Abdominal Injury Clinical Guideline Isolated Blunt Abdominal Injury



**Treatment should be dictated by clinical exam and concern. Bowel injury may take 12-24 hrs. to present. Consider formal telehealth consultation.



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Isolated low-grade solid organ injuries in children following blunt abdominal trauma: Is it time to consider discharge from the emergency department?

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PMID: 32769952

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Conclusion: No patient with a grade I and II SOI and no OMI following blunt abdominal trauma received intervention, suggesting that patients with lowgrade SOI without OMIs could be safely observed and discharged from the emergency department.

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Updated APSA Blunt Liver/Spleen Injury Guidelines

Admission

- ICU Admission Indicators
 - · Abnormal vital signs after initial volume resuscitation
- ICU
 - · Activity Bedrest until vitals normal
 - Labs q6hour CBC until vitals normal
 - · Diet NPO until vital signs normal and hemoglobin stable
- Ward
 - Activity No restrictions
 - Labs CBC on admission and/or 6 hours after injury
 - · Diet Regular diet

Set Free

- Based on clinical condition NOT injury severity (grade)
- Tolerating a diet
- · Minimal abdominal pain
- Normal vital signs

Procedures

- Transfusion
 - Unstable vitals after 20 mL/kg bolus of isotonic IVF
 - Hemoglobin < 7
 - Signs of ongoing or recent bleeding
- Angioembolization or Operative Exploration
 - Signs of ongoing bleeding despite pRBC transfusion
 - Angioembolization is not indicated for contrast blush on admission CT without unstable vitals
 - Operative exploration may be indicated when additional procedures or information needed

Aftercare

- Activity Restriction
 - · Restricting activity to grade plus 2 weeks is safe
 - Shorter restrictions may be safe but there is inadequate data to support decreasing these recommendations
- Follow up Imaging
 - Routine imaging is not indicated in asymptomatic patients with low grade injuries
 - Consider imaging for symptomatic patients with prior high grade injuries

https://doi.org/10.1016/j.jpedsurg.2023.03.012 https://www.jpedsurg.org/article/S0022-3468(23)00225-7/fulltext#%20