

2022 Pediatric Abdominal Injury Clinical Guideline

Isolated Blunt Abdominal Injury

PED+

Start

Age ≥ 5 years

Torso ecchymosis, bruising; seat belt sign
Abdominal pain; tenderness
Abdominal distention; rigidity
Emesis
*Concerning mechanism

Age < 5 years

Torso ecchymosis, bruising; seat belt sign
Abdominal pain; tenderness
Abdominal distention; rigidity
Emesis
*Concerning mechanism

Hemodynamically stable ?

Transfer to PED1

CT of abdomen w/ IV contrast

ANY of the following

- Free air
- Pancreas injury
- Hollow organ injury
- Solid organ injury Grade ≥ 3

YES

Transfer to PED1

ANY of the following

- CT negative with symptoms
- Solid organ injury Grade 1 or 2
- **Seatbelt sign

YES

Admit

ALL of the following

- Asymptomatic ≥ 2 hours
- Passed oral challenge without antiemetics
- Age-appropriate ambulation
- CT negative

YES

Consider discharge

If hemodynamically unstable

NS 20 mL/kg

If hemodynamics not improved

10-20 mL/kg PRBC

Repeat transfusion as needed and continue during transport
Expeditious transfer
***Routine angioembolization in high-grade solid organ injury is not indicated in stable pediatric patients*

If symptoms persist > 24 hours post admission, consider a pediatric surgery consult

**Concerning mechanism*

Fall > 10 feet

High speed motor vehicle crash

Auto versus pedestrian

Ejection from vehicle

Physical Abuse

This algorithm does not replace clinical judgment and is not intended to be prescriptive for all patients.

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