

# 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**

*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 hrs post admission*

**Admit**

ANY of the following

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

YES

ALL of the following

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

YES

**Consider discharge**

*\*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.**