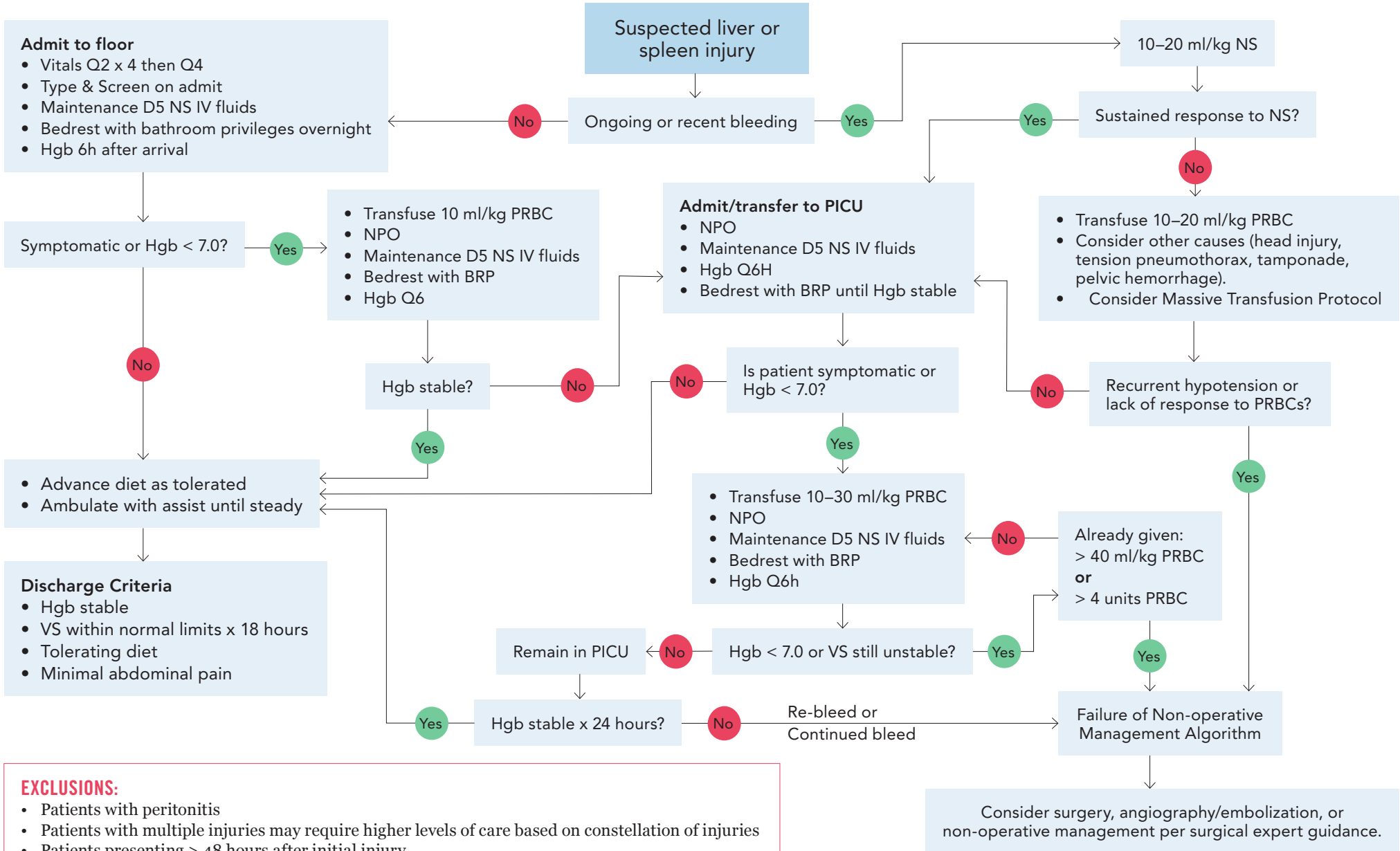


Aim: To standardize the management of patients with liver and splenic injuries based on hemodynamic stability.



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NOTES

- The Advanced Trauma Life Support protocol should be followed first.
- This guideline may be used for patients with multiple injuries when not contraindicated.
- Patients with peritonitis are managed per surgeon discretion. This algorithm does not apply to patients with peritonitis.
- Signs of recent or ongoing bleeding may include pallor, hypoperfusion, anemia, lactic acidosis, inadequate response to transfusion, hemodynamic signs of hypovolemia.
- Recurrent hypotension within the first hour because of intra abdominal bleeding or an SBP of less than 50mmHg after transfusion is an ominous sign, and strong consideration should be given to operative or angiographic intervention.
- Stable hemoglobin generally means a hemoglobin value not dropping > 0.5 g/dL in 12 hours.
- Stable patients presenting within 48 hours after injury are admitted for observation (18 hours) but hemoglobin checks are optional.
- Patients with injuries presenting > 48 hours after injury are managed at surgeon discretion.



REFERENCE:

1. Notrica, et al. (2015) Nonoperative management of blunt liver and spleen injury in children: Evaluation of the ATOMAC guideline using GRADE. *Journal of Trauma and Acute Care Surgery*, 79(4), 683-693.
2. Gates, et al. (2019) Non operative management of solid organ injuries in children: An American Pediatric Surgical Association Outcomes and Evidence Based Practice Committee systematic review. *Journal of Pediatric Surgery*, 54 (2019) 1519-1526.

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