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

**Admit to floor**
- Vitals Q2 x 4 then Q4
- Type & Screen on admit
- Maintenance D5 NS IV fluids
- Bedrest with bathroom privileges overnight
- Hgb 6h after arrival

**Suspected liver or spleen injury**
- Transfuse 10 ml/kg PRBC
- NPO
- Maintenance D5 NS IV fluids
- Bedrest with BRP
- Hgb Q6

**Ongoing or recent bleeding**
- Yes
- Sustained response to NS?
- No
- Admit/transfer to PICU
  - Transfuse 10–20 ml/kg PRBC
  - Consider other causes (head injury, tension pneumothorax, tamponade, pelvic hemorrhage).
  - Consider Massive Transfusion Protocol

**Discharge Criteria**
- Hgb stable
- VS within normal limits x 18 hours
- Tolerating diet
- Minimal abdominal pain

**Failure of Non-operative Management Algorithm**
- Consider surgery, angiography/embolization, or non-operative management per surgical expert guidance.

**EXCLUSIONS:**
- Patients with peritonitis
- Patients with multiple injuries may require higher levels of care based on constellation of injuries
- Patients presenting > 48 hours after initial injury
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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:


Approved by the Trauma Performance Improvement Committee 5/11/2020 2