Clinical Practice Guideline
Blunt Liver And Spleen Injury

CT Scan
Liver or spleen injury noted

Hemodynamically normal

Grade I-III
AND Mild/Moderate
hemoperitoneum

Admit to WARD
Ward protocol orders

Grade IV-V
OR Large
hemoperitoneum

Angiography

ICU or OR
Based on stability

Hemodynamically normal
WITH ongoing resuscitation

Angiography

ICU or OR
Based on stability

Hemodynamically unstable
At any time after initial fluid resus

To OR

Notes:
• No NPO
• No activity restriction
• No serial Hgb
• No repeat CT scan

Discharge Instructions
Activity:
• Nonvigorou, normal activity weeks 0-6
• Vigorous activity weeks 7-12
• High impact activity / sports after 12 weeks
Expect mild increase in abdominal pain 7-10 days after injury. Should return to baseline after 1-2 days.
Call if:
• New, unrele.ing pain
• Frequent light-headedness
• Persistent pain after 2 weeks

Ward Protocol | ICU Protocol
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Vital signs | q2° x 4, then q4° x 24°
Continuous monitoring
Urine output | q shift | q 4°
IV access | 16 Ga or better | 16Ga or better
IV fluid | Maintenance rate | Maintenance rate
Diet | Regular | Regular
Lab | Hgb on admission, and following day | Hgb on admission, 8 hrs after admission, then daily only at physician discretion
Abdominal exam | q4° x 3, and prior to discharge | q4°
Activity | Up ad lib | Up ad lib
Thresholds | Call MD for SBP<90, HR>120, significant change in abdominal exam | Call MD for SBP<90, HR>120, significant change in abdominal exam
Discharge criteria | To home: Hemodynamically normal x36°, no change in abdominal exam x36° | To ward: Normotensive with no tachycardia x24°, average fluid requirements