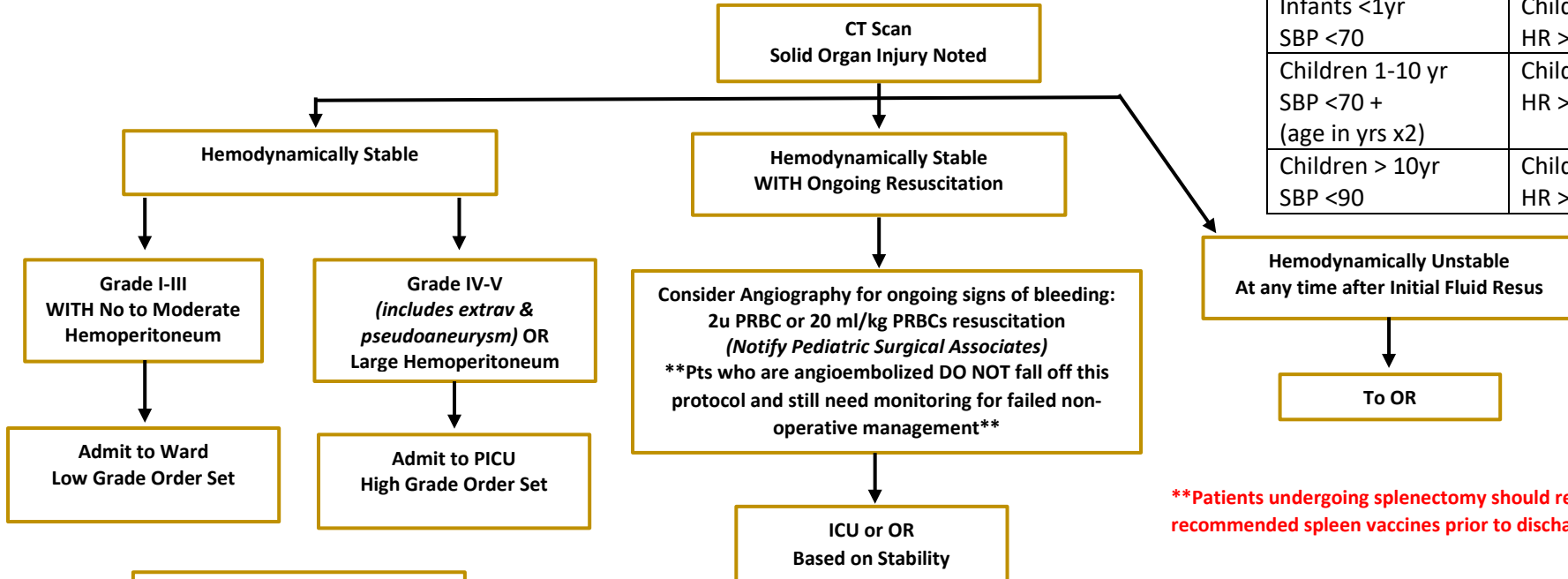


Clinical Practice Guideline Solid Organ Injury Management Pediatric

Pediatric Parameters:

BP (hypotension)	HR (tachycardia)
Term neonates 0-28 SBP < 60	Infants <12mo HR >160(bpm)
Infants <1yr SBP <70	Children 12-24mo HR >150 (bpm)
Children 1-10 yr SBP <70 + (age in yrs x2)	Children 2-10yr HR >140 (bpm)
Children > 10yr SBP <90	Children > 10yr HR >120 (bpm)



Transfusion if:

- Unstable vital signs after resuscitation
- Hgb <7
- Signs of ongoing bleeding

****Patients undergoing splenectomy should receive the recommended spleen vaccines prior to discharge****

Discharge Instructions

Restricting activity to Grade plus 2 weeks.

Expect mild increase in abdominal pain 7-10 days after injury. Should return to baseline after 1-2 days. Call if:

- New, unrelenting pain
- Frequent light-headedness
- Persistent pain after 2 weeks

	Low Grade Order Set	High Grade Order Set
Vital Signs	q2° x 4, then q4° x 24°	q2° x 4, then q4° x 24°
Urine Output	q shift	q4°
IV Fluids	Maintenance rate	Maintenance rate
Diet	Regular	Regular
Lab	Hgb on admission and following day	Hgb on admission, repeat after 6 hours x 1
Serial Abdominal Exams	q4° x 3, and prior to discharge	q4°
Activity	Up ad lib	Up ad lib
Thresholds	Call MD for SBP <90, HR >120 or significant change in abdominal exam	Call MD for SBP <90, HR >120, or significant change in abdominal exam
Transfusion	Unstable vital signs after resuscitation or Hgb <7 or signs of ongoing bleeding	Unstable vital signs after resuscitation or Hgb <7 or signs of ongoing bleeding
Discharge Criteria	To Home: Hemodynamically normal x 36°, no change in abdominal exam x 36°	To Floor: Normotensive with no tachycardia x 24°, average fluid requirements