GUIDELINE FOR THE EVALUATION OF BLUNT THORACO-ABDOMINAL INJURIES IN CHILDREN

ABBREVIATIONS:

IAI – Intra-abdominal injury

BAT – blunt abdominal trauma

T&S – type and screen

REFERENCES:


Suspected Blunt thoraco-abdominal trauma within 6 hours of presentation

Obtain abdominal trauma work-up:
CBC, CMP, amylase, lipase, urinalysis, coags, T&S, babygram or CXR

Hemodynamically stable?

No

Give 20cc/kg NS bolus
Now hemodynamically stable?

No

Give 10cc/kg pRBC transfusion
Now hemodynamically stable?

Yes

Abnormal babygram/CXR or any of the following on neuro exam?
- Too young to provide information and absence of a witness
- Neuro deficit
- Drugs or alcohol intoxication
- Altered mental status

Yes

Any of the following on physical exam?
- Ecchymosis
- Abrasions
- Seatbelt sign
- Tenderness to palpation

Yes

Any of the following lab findings?
- AST > 200
- ALT > 125
- Abnormal amylase or lipase by reference range for age*
- Urinalysis with >50 rbc per hpf

Yes

Obtain CT SCAN Abdomen and Pelvis with IV contrast
*Only include CT chest if CXR or babygram have abnormal findings in the chest

No

EXIT IMAGING PROTOCOL
FAST has a low sensitivity for IAI, misses IAI-I and rarely impacts management in pediatric BAT

Low risk of abdominal injury – NO NEED FOR ADDITIONAL IMAGING. Give PO Challenge – obs 2 hours – does child tolerate?

Yes

Transfer to C&W

No