Excludes abuse and non-accidental trauma

Hemodynamically stable

Primary Survey
Chest/pelvis XR

*Hemodynamically unstable

Observe and reevaluate in ED
Consider discharge +

No

Any sign of:
Seatbelt mark/sign
Abdominal abrasions, bruising, distension or tenderness
Thoracic wall trauma
AMS or unevaluable
Vomiting >1 time

Yes

AST > 200, ALT > 125
UA > 5 RBC, Hct < 30
Abnormal Lipase/Amylase

No

Yes

Consider discharge +

Observe and reevaluate in ED
Vs
Admit to Trauma service

No

Negative

FAST #

# sensitivity ↓ in children

Surgical consult/Admit
Labs and observation/reevaluation
Consider CT of abdomen and pelvis with IV contrast

Positive

Yes

Hemodynamically unstable based on
HR, BP, and capillary refill > 2 sec
Systolic BP < 70 + (age in years x 2)

Fluid resuscitation to max of 60 mL/kg
Consider 10-20 mL/kg of blood

Remains unstable

FAST #

# sensitivity ↓ in children

Surgical consult/Admit
Labs and observation/reevaluation
Consider CT of abdomen and pelvis with IV contrast

Positive

No

Surgical consult/Admit
Observation/reevaluation, Repeat labs, Consider CT of Abdomen and pelvis with IV contrast

Negative

FAST #

OR

Consider other sources of hemorrhage
CT scan with IV contrast, IR or OR

Yes

VS

Stable

+ Discharge criteria: stable VS, resolution of pain, negative imaging (if done), attending approval

Observe and reevaluate in ED

Updated January 2018