

Management of Pediatric Blunt Abdominal Trauma

Excludes abuse and non-accidental trauma

Hemodynamically stable

Primary Survey

Chest/pelvis XR

***Hemodynamically unstable**

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

Stable

Remains unstable

Surgical consult

20 mL/kg bolus of isotonic fluids

Observe and reevaluate in ED
Consider discharge +

No

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

***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

Yes

Negative

Positive

FAST#

sensitivity ↓ in children

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

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

FAST#

Negative

Positive

OR

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

Observe and reevaluate in ED
Vs
Admit to Trauma service

No

Yes

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