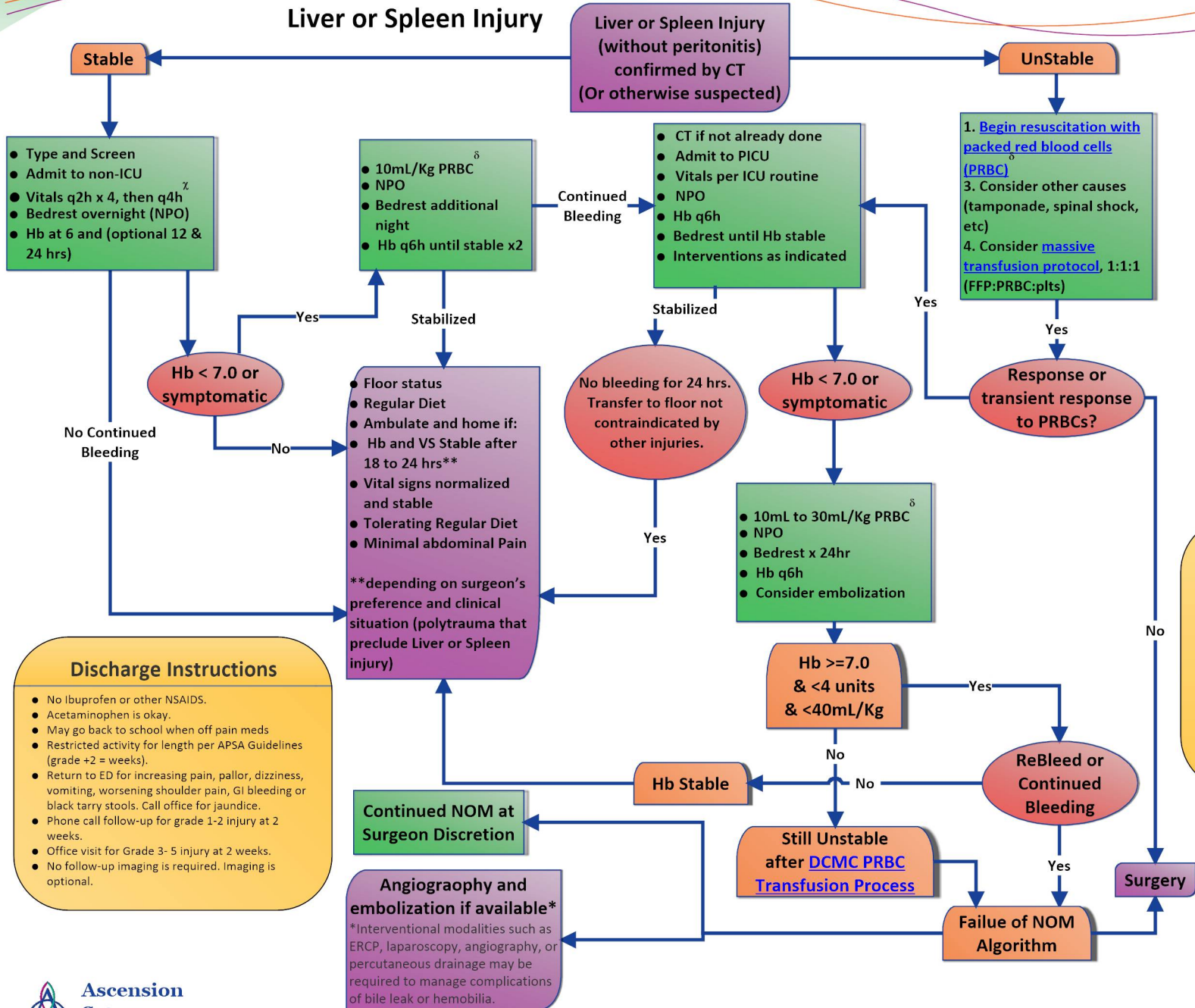


## Non Operative Management of Liver or Spleen Injury



- Follow ATLS protocol first.
- Patients with peritonitis are managed per surgeon discretion. Per surgeon discretion peritonitis requires operative interventions.
- Guideline was based on pediatric studies with younger patients, use caution in patients 16 or older.
- May be used for polytrauma patients where not contraindicated
- Continued bleeding is defined by the symptoms. Examples: inadequate Hb increase to transfusion, hemodynamic signs of hypovolemia +/- anemia
- "Stable Hb" means a Hb value not dropping more than 0.5mg/dL at 6 hrs. Repeat Hb at 12 & 24hrs is optional.
- Any lab suspected to be erroneous may be repeated prior to medical decision-making
- Late presentation: Management of patients presenting within 48 are at surgeon discretion with consideration of observation and optional Serial Hb.

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If Q2 vitals are needed, then admit with IMC status

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- For patients < 20kg, an aliquot of 10- 15 cc/kg should be administered.
  - For patients >=20kg, 1 unit should be ordered (note average PRBC unit is 350 mls (range 200-400 mls))
  - If blood is not yet available or not deemed necessary yet, resuscitation may start with 20 mL/kg isotonic crystalloid fluid bolus

### Discharge Instructions

- No Ibuprofen or other NSAIDS.
- Acetaminophen is okay.
- May go back to school when off pain meds
- Restricted activity for length per APSA Guidelines (grade +2 = weeks).
- Return to ED for increasing pain, pallor, dizziness, vomiting, worsening shoulder pain, GI bleeding or black tarry stools. Call office for jaundice.
- Phone call follow-up for grade 1-2 injury at 2 weeks.
- Office visit for Grade 3- 5 injury at 2 weeks.
- No follow-up imaging is required. Imaging is optional.