Updated APSA Blunt Liver/Spleen Injury Guidelines 2019

Admission

ICU Admission Indicators

- Abnormal vital signs after initial volume resuscitation
- ICU
 - Activity Bedrest until vitals normal
 - Labs g6hour CBC until vitals normal
 - Diet NPO until vital signs normal and hemoglobin stable
- Ward
 - Activity No restrictions
 - Labs CBC on admission and/or 6 hours after injury
 - Diet Regular diet

Set Free

- Based on clinical condition NOT injury severity (grade)
- Tolerating a diet
- Minimal abdominal pain
- Normal vital signs

Procedures

Transfusion

- Unstable vitals after 20 cc/kg bolus of isotonic IVF
- Hemoglobin < 7
- Signs of ongoing or recent bleeding

Angioembolization

- Signs of ongoing bleeding despite pRBC transfusion
- Not indicated for contrast blush on admission CT without unstable vitals
- Operative exploration with Control of Bleeding
- Unstable vitals despite pRBC transfusion
- Consider massive transfusion protocol

Aftercare

Activity Restriction

- Restricting activity to grade plus 2 weeks is safe
- Shorter restrictions may be safe but there is inadequate data to support decreasing these recommendations

Follow up Imaging

- Risk of delayed complications following spleen and liver injuries is low
- Consider imaging for *symptomatic* patients with prior high grade injuries

References

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- Ingram et al. Hepatic and splenic blush on computed tomography in children following blunt abdominal trauma: Is intervention necessary? J Trauma Acute Care 2016. Surg 81 (2):266-270.
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