Airway, Breathing, Circulation (ABCs)

Blunt

Mechanism of Injury

Penetrating (Evaluation by Surgeon)

Further Diagnostic Tests
- High-risk mechanism
- Altered mental status
- Equivocal abdominal exam
- Ongoing blood loss
- Hematuria
- Prolonged operation for other injuries

Immediate Operation
- Peritonitis on exam
- Hypotension with DPL or ultrasound
- Evisceration
- Open pelvic fracture

Anterior Stab Wound

Gunshot Wound

Asymptomatic Flank/Posterior Stab or Gunshot Wound

Normal exam

Observe

Immediate Operation
- Peritonitis on exam
- Hypotension
- Evisceration
- Proctorrhagia
- Hematuria

OR

Observe x 24 hours

OR

Observe

Immediate Operation

Positive

OR

Laparotomy

Positive

Laparoscopy

OR

Double or Triple Contrast CT

OR

Laparotomy

Observe

Reevaluate and consider other sources of hemorrhage

Vital signs deteriorate

If no active bleeding, nonoperative management of solid organ injury

Abnormal/Equivocal

If vital signs stable and ultrasound or CT

Normal

Observation
- Normal exam

VS Stable

Ultrasound or CT

Normal

Observe

If ultrasound used, rule out pericardial tamponade before evaluating abdomen.

Abnormal CT–intraabdominal fluid (not blood density), blood without solid organ injury, bowel wall thickening, peripancreatic fluid, free air.

No ingestion of alcohol or illicit drugs; no head injury with GCS #13; no spinal cord injury; no injury to lower ribs, thoracolumbar spine, or pelvis.

From costal margins to inguinal ligaments between anterior axillary lines.

Laparoscopy recommended for suspected diaphragmatic injury.

Flank = From 6th intercostal space to iliac crest between anterior and/or posterior axillary lines; Back = From 7th intercostal space to iliac crest posterior to posterior axillary line.