Splenic Injury Protocol

Pt with blunt trauma arrives at FMC ED

Hemodynamically Unstable (ie systolic BP <90 mmHg) and suspected intra-peritoneal bleeding

- **Yes**
  - Stabilize in trauma bay or send to OR for evaluation and/or therapy
  - Do NOT send to CT

- **No**
  - If patient suspected of having blunt splenic trauma, send for abdominal CT

If not in OR, Conduct FAST\(^1\) or DPL\(^2\)

- **Is source of hemorrhage intra-peritoneal?**
  - **Yes**
    - On-going bleeding detected by CT (active extravasation of contrast)
    - Definitive and prompt hemorrhage control (surgical intervention or angi-embolization)
  - **No**
    - Splenectomy: Complete asplenic follow-up
    - Splenorrhaphy: Consider diagnostic therapy follow-up

Pt diagnosed with Splenic injury

- **Yes**
  - To OR for definitive treatment
  - Splenectomy: Complete asplenic follow-up
  - Splenorrhaphy: Consider diagnostic therapy follow-up

- **No**
  - Continue search for bleeding
  - Definitive and prompt hemorrhage control (surgical intervention or angi-embolization)

Grade and document Splenic injury\(^*\)

All grades: Repeat CT scan 72-98 hours after admission **

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\(^{1}\) Focused Assessment with Sonography for Trauma

\(^{2}\) Diagnostic Peritoneal Lavage

\(^{*}\) Grade splenic injury using the Organ Injury Scale for Splenic Trauma of the Organ Injury Scaling Committee of the American association for the Surgery of Trauma. Document Grade on Patient Health Record

\(**\) All splenic injuries should undergo repeat scanning to detect vascular compromise. Specific indications for f/u diagnostic/therapeutic angiography have included but are not limited to 9.10 : a) Grade III-V scoring; b) contrast extravasation; c) pseudoaneurysm; d) arteriovenous fistula; e) abrupt vessel truncation/

\(***\) For Grade I-II splenic injuries, and young of age, may consider follow-up with dedicated splenic ultra-sound looking for pseudoaneurysm