

**Trauma Center Practice Management Guideline**

*Iowa Methodist Medical Center — Des Moines*

*Blank Children's Hospital – Des Moines*

***Activity-Restriction Guideline***

<b>PEDIATRIC Practice Management Guideline</b>		<b>Effective: 06/2014</b>
<b>Contact: Trauma Medical Director</b>		<b>Last Reviewed: 01/2020</b>

<b>Admission</b>		
	<b>CT Grade I - III</b>	<b>CT Grade IV - V</b>
ICU	Discretionary (abnormal vital signs, blush present, or patient requiring volume resuscitation should be admitted to the ICU)	Suggested (abnormal vital signs, blush present, or patient requiring volume resuscitation should be admitted to the ICU)
CBC	Upon admission and the next day	Q 6 hours until hemoglobin & vital signs stable
Vitals	Q 4 assessment & Q 8 vital signs	ICU routine, on monitor
Activity	No restrictions	Bed rest until vital signs normal
Diet	Regular pediatric diet	NPO until hemoglobin & vital signs stable
<b>Procedures</b>		
<p><b>Transfusion</b></p> <ul style="list-style-type: none"> <li>• Unstable vitals after 20 cc/kg bolus of isotonic IVF</li> <li>• Signs of ongoing or recent bleeding and symptomatic with a hemoglobin &lt; 7</li> </ul> <p><b>Angioembolization</b></p> <ul style="list-style-type: none"> <li>• Signs of ongoing bleeding requiring blood transfusion</li> <li>• Not indicated for contrast blush on admission CT without unstable vitals</li> </ul> <p><b>Operative exploration with Control of Bleeding</b></p> <ul style="list-style-type: none"> <li>• Unstable vitals despite pRBC transfusion</li> <li>• Consider massive transfusion protocol</li> </ul>		
<b>Discharge</b>		
<ul style="list-style-type: none"> <li>• Based on clinical condition <b>NOT</b> injury severity (grade)</li> <li>• Patient must be: <ul style="list-style-type: none"> <li>○ Tolerating a regular diet</li> <li>○ Have minimal abdominal pain</li> <li>○ Have normal vital signs</li> <li>○ Stable hemoglobin</li> </ul> </li> </ul>		

- ⤴ Stable is when hemoglobin value is not dropping more than 0.5mg/dL in 12 hours.
- ⤴ Timelines will need to be varied for patients presenting in a delayed fashion after injury.
- ⤴ A patient's global injury burden may necessitate adjustments to guidelines above.
- ⤴ Avoid use of NSAIDS, including toradol, during early phase of patient's recovery (both in hospital and early after discharge).
- ⤴ APSA guidelines restrict activity for solid organ injury grade + 2 weeks (e.g. Grade I injury is on restricted activity for 3 weeks).
- ⤴ Follow-up imaging is not routine, to be ordered at discretion of Attending Physician.

### Aftercare

- Expect mild increase in abdominal pain 7-10 days after injury. This should return to baseline after 1-2 days.
- Call if:
  - New or worsening pain
  - Frequent lightheadedness
  - Persistent pain after 2 weeks.

### Activity Restrictions

#### CT GRADE I - III

**Casual activity only for at least 2 weeks** from time solid organ injury is deemed “stable” e.g. light walking, light household chores, social visits.

**Return to school may be permitted 1 – 2 weeks following injury**, with no rough-housing, no heavy lifting, no gym.

**Liberalized activity parameters beginning at 2 weeks**, with decision to advance generally determined at time of first clinic visit). Permissible activities anticipated including modest resistance exercises and low impact sports activities (e.g. shooting hoops, resistance exercises, riding a stationary bicycle, swimming with *no diving*).

**Strenuous, but low risk for body impact, activities permitted 1 – 2 months following injury.** This includes heavy lifting, most minimal contact sports, household and farm chores, riding a bicycle if experienced, working at a restaurant, etc. *Most school gym activities would be permitted at this stage.*

#### CT GRADE IV - V

**Casual activity only for at least 3 - 4 weeks** from time solid organ injury is deemed “stable” e.g. light walking, light household chores, social visits.

**Return to school may be permitted 1 – 2 weeks following injury**, with no rough-housing, no heavy lifting, no gym.

**Liberalized activity parameters beginning at 3 - 4 weeks**, with instructions to advance generally given at time of first clinic visit). Permissible activities anticipated including light resistance exercises and low impact sports activities (e.g. shooting hoops, resistance exercises, swimming with *no diving*).

**Strenuous, but low risk for body impact, activities permitted 2 - 3 months following injury.** This includes heavy lifting, most minimal contact sports, household and farm chores, riding a bicycle if experienced, working at a restaurant, etc. *Most school gym activities would be permitted at this stage.*