**Trauma Center Practice Management Guideline**

*Iowa Methodist Medical Center — Des Moines*

**Blunt Splenic Injury Management (Suspected or Confirmed)**

<table>
<thead>
<tr>
<th>ADULT Practice Management Guideline</th>
<th>Effective: 04/2014</th>
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<tr>
<td>Contact: Trauma Center Medical Director</td>
<td>Last Reviewed: 07/2021</td>
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**Initial Assessment**

- Hemodynamically unstable
  - FAST
    - FAST (-)
      - Consider other causes for instability
      - Continue resuscitation in ER or in OR
      - Consider repeat FAST
      - Consider DPL
    - FAST (+) Peritonitis
      - Responding to Resuscitation
  - Hemodynamic instability
    - Surgical pathology on CT
      - CT Scan
        - Blush
        - No Blush
          - Grade 3 – 5 Injury
          - Grade 0 – 2 Injury
            - ?
      - Angiography
        - ?
    - ?
  - LAPAROTOMY
    - Unstable
      - ADMIT – Selective Non-operative Management

**Hemodynamic Instability Score**

- Grade 0 Never hypotensive or tachycardic
- Grade 1 Resolved pre-arrival hypotension or tachycardia
- Grade 2 Hypotension or tachycardia responded to < 2L initial volume loading, no ongoing volume requirement
- Grade 3 Modest ongoing volume requirement
- Grade 4 Large initial volume requirement, vigorous ongoing volume requirement
- Grade 5 Hypotension and tachycardia unresponsive to volume
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**Predictive Factors for Intra-abdominal Injury**
- Abnormal chest or pelvic x-rays
- Abnormal chest or pelvic exam
- Abnormal FAST
- Intubation and/or GCS < 14
- SBP < 90 mmHg
- Multiple injuries
- Long bone fractures
- Seatbelt Sign
- Macroscopic hematuria

**Predictive Factors for Laparotomy**
- Physiologic deterioration
- Worsening abdominal exam
- High grade solid organ injuries
- High and/or increasing transfusion requirements
- Failed angioembolization
- Multiple intra-abdominal injuries
- Unexplained fever
- Hollow viscus injury on CT scan