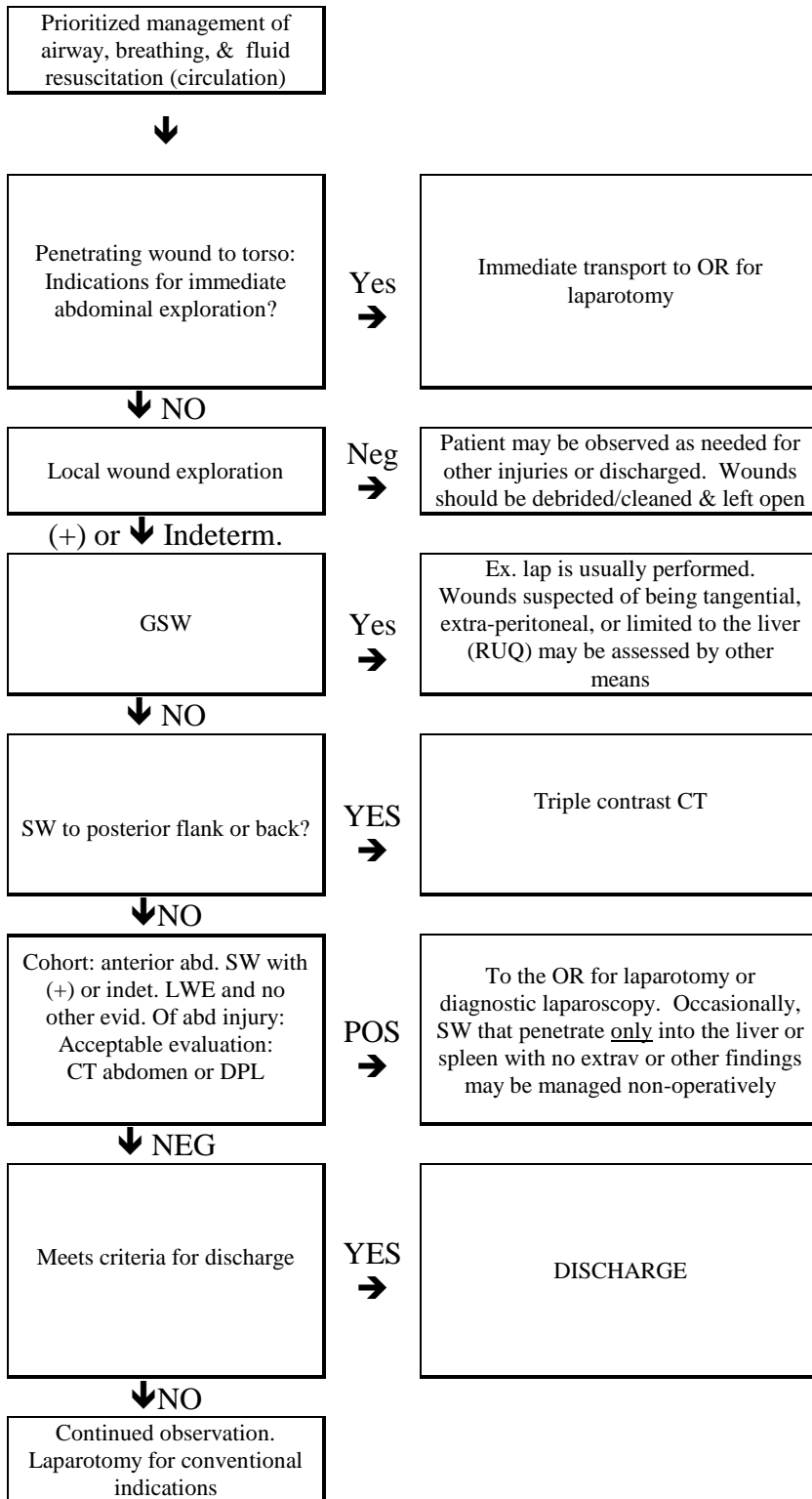


MANAGEMENT ALGORITHM FOR THE INITIAL EVALUATION OF PENETRATING ABDOMINAL TRAUMA



COMMENTS

- Anterior torso= below nipple line, above inguinal lig.
 - Posterior torso= below inf. scapular border, above gluteal crease
- Indications for Immediate Laparotomy Include:**
- ALL GSW to torso thought to penetrate peritoneum
 - SW w/ obvious evisceration
 - Patients with clinical evidence of shock
 - Patients with clinical evidence of peritonitis or free air (KUB)
 - Impalements
 - Clearly (+) FAST exam in the ED
- A (+) LWE constitutes a wound that penetrates the superficial fascial layer. A (-) LWE constitutes a wound involving ONLY the skin and subcutaneous fat.
 - Methods of adjunct assessment for GSW suspected of being tangential, extra-peritoneal, or solely involving the liver (in hemodynamically normal patients) by be evaluated using a combination of CT + diagnostic laparoscopy (OR)
- Patients Without Evidence of Injury Should Be Observed. CT-based Indications for Lap. Not Well Defined, but Include:**
- Contrast extrav
 - Free air, or any free intraperitoneal fluid (blood)
 - Peri-colic or central retroperitoneal hematomas
- Criteria for Positive CT:**
- Any unexplained free intraperitoneal fluid
 - Any free intraperitoneal air
 - Obvious extravasation of intraluminal or intravascular contrast
 - Mesenteric hematoma or hematoma adjacent to bowel
 - Suspicion for diaphragmatic injury
- Discharge Criteria:**
- Normal abdominal exam and DPL or CT studies clearly able to r/o intra-abd injury
 - No evidence of non-specific inflammation (temp, WBC)
 - Able to tolerate p.o.
 - No significant change in hematocrit
 - No other indications for continued hospitalization