



Abdominal Injury

Austin County
EMS Protocol & Guideline

Version: 1.0

Date: 04/2019

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Overview: Trauma to the abdomen requires a thorough and careful assessment for any immediate life threatening injuries. Rapid transport to an appropriate level facility is necessary due to limited resolution in the field. Thorough assessments should frequently be performed for early identification of any potential life threats that may not immediately be evident.

Definition: Any patient who experienced an insult to the abdomen with the potential of causing obvious or suspected injury to the structures within the abdominal cavity

EMT

- Immediately stop any significant bleeding
- Evaluate MOI
- Place patient on the **Cardiac Monitor**
- Obtain **12 Lead EKG**
- **CPR & AED** as appropriate to patient presentation
- **Oxygen** administration as appropriate to the patient presentation
- **Airway Adjuncts** (Supraglottic Airway, OPA, NPA), EtCO₂ monitoring appropriate to patient presentation
- Obtain **BGL**
- Monitor vital signs, closely, including MAP & SPO₂
- **Assess** for any bruising & distention

Treatment options may be prioritized based on patient condition

AEMT

- Establish IV of Normal Saline – Bilateral large bore IV's are preferred
 - Infuse a 250 cc bolus to maintain a SBP of 90 mmHg – May repeat as needed
- **Tranexamic Acid (TXA)** IV Infusion - 1 Gram over 10 minutes – If hemodynamically unstable

Paramedic

- **Ketamine** 0.1-0.25 mg/kg IV/IO **OR** 0.5 -1 mg/kg IM: may repeat every 10 minutes as needed

PEARLS

- It is important to understand the anatomy of the abdomen and how it corresponds with the various quadrants. It will help you provide a better report, even though you aren't going to be able to determine the exact location or extent of the bleeding.
- The major contributing factor in mortality from abdominal trauma is hemorrhage because of the large number of blood vessels and organs packed into the abdominal area. These patients are at an increased risk of significant hemorrhage even with a seemingly small wound, because blood can pool in the pelvis and retroperitoneum. Each of these areas can hold well over 1 L of fluid without exhibiting external signs. Because of this, any early visible contusions should be taken as a late sign of severe internal bleeding.
- The abdomen consists of two types of organs, hollow and solid. Hollow organs are reservoirs of bodily fluids or conduits for excretion of body waste. Injuries to these organs can result in spillage of bacteria, partially digested food, and other waste products. Besides hemorrhage, there is also a great risk of peritoneal infection.
- Solid organs, such as the kidney and spleen, are organs of filtration, which means they're dense and contain massive amounts of blood vessels. The biggest risk in injuries to these solid organs is hemorrhage, and the only course of treatment is surgical intervention. This is why rapid transport is paramount.