



**Inclusion Criteria:**

- Blunt abdominal trauma presenting within 24 hours
- Age ≤ 21 years
- GCS 14-15

**Exclusion Criteria:**

- Significant comorbidities (e.g. neurologic, coagulopathy)
- Concern for non-accidental trauma
- Hypotensive
- GCS < 14
- Multi-system trauma including femur fracture
- Altered mental status (from intoxication, head trauma)

**†Abdominal Wall Trauma Definitions**

Abdominal wall trauma: abrasion, erythema, ecchymosis, on abdomen

Seat belt sign: abrasion, erythema, ecchymosis, on abdomen in distribution of lap belt

**\*Trauma Labs in ED Trauma Order set**

- CBC for all patients
- May consider LFTs, lipase, UA, type & screen depending on clinical concerns

Child with blunt abdominal trauma

**RN Assessment**

- Targeted history and examination
- Vital signs q2h
- Neuro check with pupil exam
- Request immediate MD evaluation if clinical concern or significant status change

**MD Assessment**

- History and examination
- Appropriate trauma activation (stat, alert, or consult) – if not already called
- Urine/serum hcg and type & screen in all post-pubertal females

**Does the patient have:**

- Evidence of abdominal wall trauma/seat belt sign<sup>†</sup>
- OR**
- **≥2 of the following predictors:**
  - Any abdominal tenderness
  - Evidence of thoracic wall trauma
  - Complaints of abdominal pain
  - Absent or decreased breath sounds
  - Vomiting

