OBJECTIVE: Provide guidelines for the management of LIVER and SPLEEN injuries in pediatric patients.

STANDARD:
Pediatric patients presenting with trauma to the liver or spleen should be treated based on vital signs stability rather than grade of injury.

GUIDELINES:
Vital signs stable:
1. Admit to floor
2. Activity as tolerated
3. Regular diet
4. CBC on admission and/or 6 hours post injury

Vital signs abnormal following initial volume resuscitation (20ml/kg of isotonic IVF):
1. Admit to ICU
2. Bedrest (until VS normal)
3. CBC Q6 hours (until VS normal)
4. NPO (until VS normal and Hgb stable)
5. Consider blood transfusion
   a. Unstable vitals after 20cc/kg bolus of isotonic IVF
   b. Hgb <7
   c. Signs of ongoing or recent bleeding
6. If bleeding continues based on unstable vitals or signs of bleeding despite pRBC transfusion, consider:
   a. MTP
   b. Operative exploration
   c. Angioembolization
      i. Not indicated for contrast blush on admission CT without unstable vitals
7. Once VS normal and Hgb stable, patient may be transferred to floor or considered for discharge
Discharge criteria:

Based on clinical picture NOT grade of injury

- Normal vital signs
- Tolerating a diet
- Minimal abdominal pain

Follow up:

- Activity restriction: grade + 2 weeks
- Consider imaging for symptomatic patients with prior high-grade injuries

REFERENCES:


