

UCSD MEDICAL GROUP & CLINICAL GUIDELINES

DIAGNOSIS	Nonoperative splenic injury
CASE MANAGEMENT GOALS	
PREADMISSION	ATLS protocol, work-up as mechanism and presentation dictate. Patient must be hemodynamically stable. Abdominal ultrasound/ CAT scan. Labs: ABG, Hgb, type and cross.
PREOPERATIVE	
ACUTE	Timely diagnosis of injury and associated injuries. Transfuse < 2u PRBC if treatment needed. Prompt recognition of failure of nonoperative management. Admit to SICU, serial H/H, +/- arterial line, consider serial bilirubin, LFTs with liver injury. Serial abdominal exams. Aggressive pulmonary toilet. Anticipate needs at discharge (most likely based on associated injuries).
RECOVERY FACILITY	Dependent on needs at discharge (home vs. SNF vs. rehabilitation).
HOME	Regular diet. Restricted activity for three months total. Follow-up in clinic. May require home care follow-up.
DAY 1	SICU monitoring, serial exams and hematocrits 14-6h. NPO, IV fluids. Strict bed rest. Trauma Duplex Protocol ordered Venodynes. Pulmonary toilet.
DAY 2	SICU monitoring, serial exams and hematocrits q 6-8 hours. NPO, IV fluids. Strict bed rest. Venodynes. Pulmonary toilet.
DAY 3	ICU/IMU monitoring, serial hematocrits q 8-12h. Sips as tolerated. Strict bed rest. Venodynes. Pulmonary toilet.
DAY 4	IMU monitoring, serial hematocrits q 12-24h. Advanced diet, bathroom privileges as indicated. Venodynes. Pulmonary toilet.

DAY 5	IMU/Floor care, hematocrit q 24h. Advanced diet, bathroom privileges. Venodynes. Pulmonary toilet.
DAY 6	Floor care. Regular diet as tolerated. Bathroom privileges. Venodynes. Pulmonary toilet.
DAY 7	Floor care. Repeat CAT scan of abdomen. Regular diet. Bathroom privileges. Venodynes. Pulmonary toilet.
GOAL LENGTH OF STAY	Seven days. If repeat scan shows ongoing resolution, can discharge with clinic follow-up. Exceptions: Unsatisfactory resolution of organ injury, associated injuries requiring additional treatment. Clinic follow-up every week x 6 weeks, every month thereafter.
KEY OUTCOMES	