DIAGNOSIS  Operative Liver Injury

CASE MANAGEMENT GOALS  Timely diagnosis of injury and associated injuries. Operative hemostasis and repair of associated abdominal injuries. Timely treatment of other injuries as indicated.

PREADMISSION  ATLS protocol, work-up as mechanism and presentation dictate. Head CT as indicated. Rule out pelvic fracture if indicated. Abdominal ultrasound/diagnostic peritoneal lavage/CAT scan. Labs: ABG, Hgb, type and cross.

PREOPERATIVE

ACUTE  Admit to SICU, daily postoperative CBC/coagulations, chemistries/LFTs as indicated, arterial line, +/- Swan-Ganz catheter, NGT. Aggressive pulmonary toilet, pain management. Anticipate needs at discharge (most likely based on associated injuries).

RECOVERY FACILITY  Dependent on needs at discharge (hove vs. SNF vs. rehabilitation).

HOME  Regular diet. Activity as tolerated based on associated injuries. Follow-up in clinic.

DAY 1  SICU monitoring, CBC, chemistries as indicated. NPO, IV fluids. NGT to suction. Resuscitate/complete work-up as indicated.

DAY 2  SICU monitoring, CBC, chemistries as indicated. NPO, IV fluids. NGT to suction.

DAY 3  SICU/IMU monitoring, pulmonary toilet/OOB to chair. NGT suction/gravity drainage. Chem/CBC as indicated.

DAY 5  IMU/Floor monitoring. OOB/ambulate as tolerated, NGT gravity vs. discontinue.

DAY 6  Floor monitoring. OOB ambulate. NPO vs. sips as tolerated.

DAY 7  Advance diet. Discharge.

GOAL LENGTH OF STAY  Seven days. Exceptions: Associated injuries requiring additional treatment. Postoperative complications. Clinic follow-up: Routine postoperative or as associated injuries dictate.

KEY OUTCOMES