

## UCSD MEDICAL GROUP & CLINICAL GUIDELINES

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 (home 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 4	IMU monitoring. Continued pulmonary toilet, discontinue Foley. NGT suction/gravity drainage. Discontinue arterial line.

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	