

ABDOMINAL TRAUMA

1. Allow patient to assume position of comfort, unless spinal injury is suspected.
2. Administer high flow O₂.
3. Apply cardiac monitor.
4. Establish a large bore IV of NS at TKO rate, unless shock is present.
5. If shock is present, establish a second large bore IV and titrate to maintain a target BP of 90 systolic.
6. Treatment for specific abdominal injuries (maintain high degree of suspicion for critical injury in an otherwise stable appearing patient):
 - A. Evisceration:
 - I. **DO NOT** replace.
 - II. Cover with saline-moistened dressing and, if available, cover dressing with plastic wrap.
 - B. Impaled Objects:
 - I. Stabilize in place and avoid any unnecessary movement of the patient or object.
 - II. **DO NOT** remove.
 - C. Blunt Trauma
 - I. Consider MAST for injury stabilization and/or hypotension.
 - II. Maintain a target BP of 90 systolic if patient is hypotensive.