Abdominal Trauma - Blunt

Inclusion Criteria:
- Blunt Abdominal Trauma
- Cooperative patient
- Stable Vital Signs (RR>8 or <24, SBP>100, P>60 or <110)
- No Peritoneal Signs
- If done - negative initial imaging studies (AAS, CT Abdomen/Pelvis)
- Pertinent labs acceptable (e.g., HgB)

Exclusion Criteria:
- Uncooperative patient, patients requiring restraints
- High suspicion of impending alcohol withdrawal syndrome
- ETOH estimated <200 mg/dL at the time the patient is sent to Observation Unit (initial ETOH can be >200 mg/dL)
- Pregnancy >20 weeks

Interventions in ED prior to Observation Unit transfer:

Trauma Team consult
CBC, U/A (if urine is heme positive)

Interventions in Observation Unit after transfer of patient:
- NPO (unless Trauma Team orders differently) initially, advance per physician.
- Repeat HgB q 4-6 hours (if pertinent to patients management)
- Examination by Observation Unit ECP before, or upon, patient arrival.
- Serial abdominal examinations (e.g.., q 4 hours)- immediate reevaluation by Emergency Physician and/or Trauma Team if the patient develops:
  - Vomiting
  - Increasing abdominal pain
  - Peritoneal signs/increased tenderness on examination.
- Routine monitoring of vital signs- immediate reevaluation by Observation Unit ECP (and/or Trauma Team) if vitals become unstable or if there is a worsening trend.

Discharge Criteria:
- Patient is ambulatory, not ataxic
- Serial abdominal exams essentially negative
- Pertinent laboratories deemed stable (e.g.., HgB without significant decrease)
- Vital signs remain stable
- Patient able to tolerate PO (level/advancement of diet per Trauma Team recommendations)
- Appropriate follow-up has been established
- If consulted - Trauma Team agrees with discharge and follow-up plan