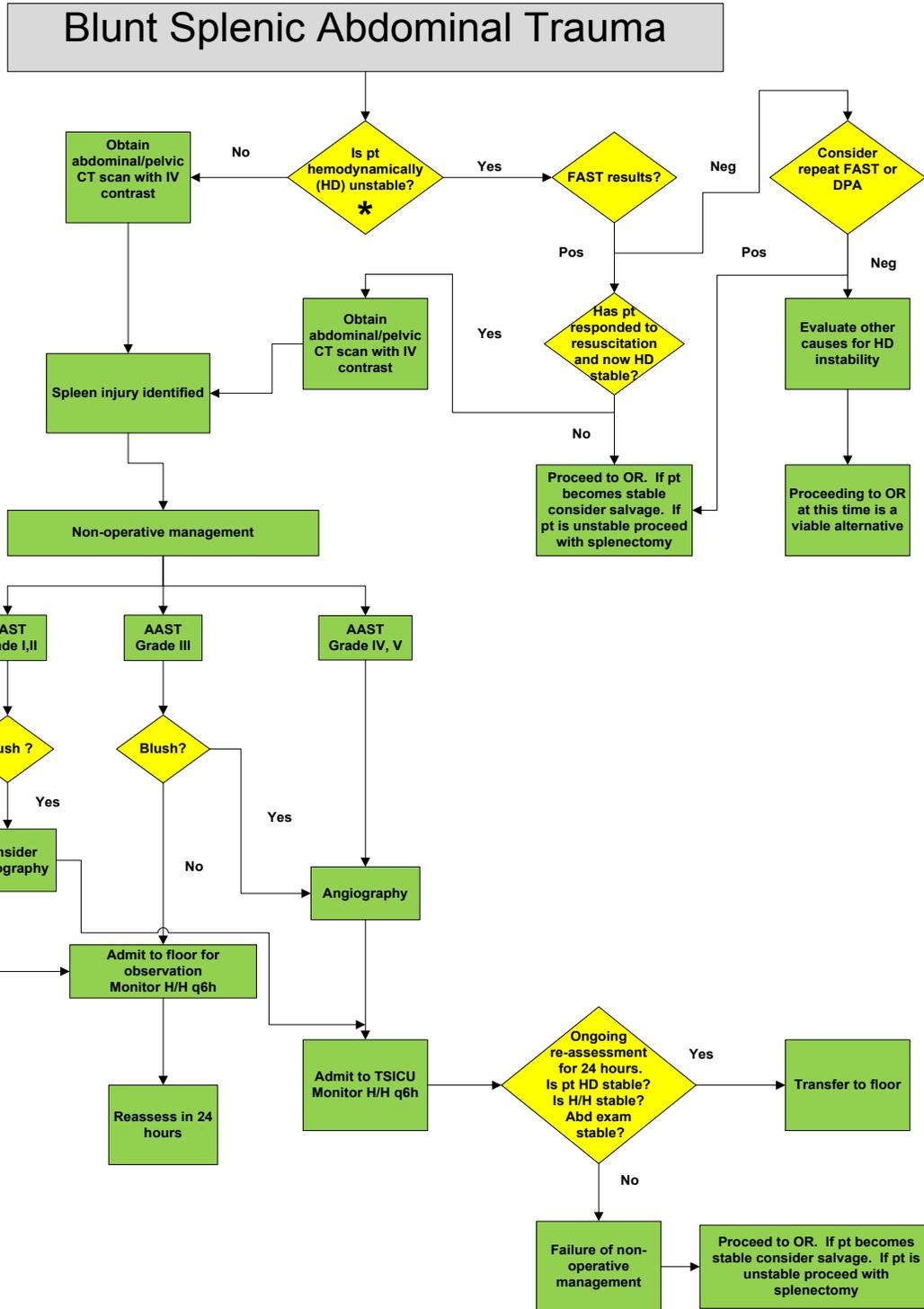


DEPARTMENT: Algorithm	POLICY TITLE: Management of splenic injuries
Page 1 of 3	REPLACES POLICY DATED: 04/2015
EFFECTIVE DATE: 7/2016	REFERENCE NUMBER: ALG-8

PURPOSE: To provide a framework for the management of blunt splenic injuries.

GUIDELINE:



DEPARTMENT: Algorithm	POLICY TITLE: Management of splenic injuries
Page 2 of 3	REPLACES POLICY DATED: 04/2015
EFFECTIVE DATE: 7/2016	REFERENCE NUMBER: ALG-8

**NOTE: The following excerpts are taken directly from the Western Trauma Association**

\* The initial assessment of patients with suspected blunt abdominal trauma should focus on the abdominal examination (tenderness and abdominal wall ecchymosis), vital signs, and response to resuscitation. In patients with evidence of shock or overt serious injury, blood should be immediately drawn for laboratory testing including complete blood count, electrolytes, markers of metabolic stress (base deficit or lactate), coagulation profile, and blood typing. Adequate intravenous (IV) access should be obtained for resuscitation and potential IV contrast administration. There is considerable variability in the definition of hemodynamic instability and there is no validated scoring system. [Table 2](#) depicts a modified hemodynamic instability score.<sup>36</sup> Systolic blood pressure <90 mm Hg to define significant hypotension and heart rate >130 beat per minute to define serious tachycardia was taken from the recently published guidelines for shock resuscitation developed by the National Institutes of Health sponsored Glue Grant consortium.<sup>37</sup> Baseline systolic blood pressure and heart rate, how they response to initial advanced trauma life support recommended volume loading and the need for ongoing for resuscitation are used to grade hemodynamic instability. We propose that this score be used for early triage decision making and be validated in prospective studies. Stable patients (grade 0-2) should be triaged to the CT scanner.

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**Table 2 Hemodynamic Instability Score<sup>38</sup>**

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Grade 0: No significant hypotension (systolic blood pressure [SBP] <90 mm Hg) or serious tachycardia (heart rate [HR] >130)

Grade 1: Hypotension or tachycardia by report but none recorded in emergency department (ED)

Grade 2: Hypotension or tachycardia responsive to initial volume loading with no ongoing fluid or PRBC requirement

Grade 3: Hypotension or tachycardia responsive to initial volume loading with modest ongoing fluid (<250 mL/h) or PRBC requirement

Grade 4: Hypotension or tachycardia only responsive to >2 L of volume loading and the need for vigorous ongoing fluid infusion (>250 mL/h) and PRBC transfusion

Grade 5: Hypotension unresponsive to fluid and PRBC transfusion

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<b>DEPARTMENT: Algorithm</b>	<b>POLICY TITLE: Management of splenic injuries</b>
<b>Page 3 of 3</b>	<b>REPLACES POLICY DATED: 04/2015</b>
<b>EFFECTIVE DATE: 7/2016</b>	<b>REFERENCE NUMBER: ALG-8</b>

*These guidelines are designed for the general use in most critically ill trauma patients, but may need to be adapted to meet the special needs of a specific patient as determined by the patient's healthcare provider.*

**REFERENCES:**

Moore, FA, et al. Western Trauma Association Critical Decisions in Trauma: management of adult blunt splenic trauma. *J Trauma Acute Care Surg.* 2008; 65(5):1007-1011.

Skattum, J, et al. Refining the role of splenic angiographic embolization in high-grade splenic injuries. *J Trauma Acute care Surg.* 2013; 74(1): 100-104.

Stassen, NA, et al. Selective nonoperative management of blunt splenic injury: An Eastern Association for the Surgery of Trauma practice management guideline. *J Trauma Acute Care Surg.* 2012; 73(5):S294-S300.