

T8

ABDOMINAL INJURIES

Abdominal injuries require careful, gentle assessment and close monitoring for changes in the nature and severity of the patient's condition.

GENERAL

- personal protective equipment should be utilized as appropriate
- body substance isolation techniques and equipment should be utilized as appropriate
- primary survey
 - identify and correct any immediate threats to life during primary survey
- consider load and go for any identified or suspected immediate threats to life
- secondary survey

abdominal injuries should be suspected when the patient presents with

- history of blunt trauma
 - severe abdominal or back pain
 - hematemesis (vomiting of blood)
 - history of dizziness or syncope
 - shoulder tip pain in association with abdominal pain
 - signs or symptoms of shock
 - abdomen is tender, rigid, or bruised
 - flank is bruised
 - blood in the urine or stool
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- dress all open wounds - see Soft Tissue Injuries and External and Internal Bleeding Guidelines
 - anticipate vomiting and be prepared to suction if required
 - monitor patient closely for changes in status
 - treat for shock, if indicated
 - do not allow the patient to exert him/herself - e.g. walking, standing unassisted to transfer to the stretcher, etc.
 - maintain high concentration oxygen delivery to the patient
 - assist ventilations if required

- initiate transport
 - on scene times should be kept to a minimum
 - treat other life-threatening conditions en route
- transport the patient to the nearest appropriate health care facility
 - notify the receiving health care facility of the patient's status as soon as possible
 - place patient in position of comfort
 - support abdomen with padding or pillow
 - monitor and treat the patient en route
- report all findings to the receiving facility staff, and document on the patient care report

Special Considerations

Closed Injury

- monitor for changes in tenderness or rigidity of the abdomen
- palpate very gently
 - compare abdominal quadrants bilaterally
 - consider underlying structures and organs

Impaled Object

- do not remove penetrating or impaled objects
- stabilize object with bulky dressing and bandage in place

Abdominal Evisceration

- avoid touching protruding organs
- do not attempt to replace organs within abdomen
- cover organs with sterile saline soaked dressing
 - cover the moist dressings with bulky sterile dressings
 - apply padding in a "circumferential" (corralling) manner around the evisceration to protect the protruding organs
 - bandage the area securely enough to provide support, but not to cause discomfort
- maintain warmth

Bleeding from Body Orifices

- apply a loose dressing to the body orifice(s) involved

NOTE

- give nothing by mouth (NPO)
- when palpating the abdomen ensure the palpation is gentle and performed with a flat hand
- if the injury is high in the abdomen, consider the possibility of a chest injury (see Chest Injury Guidelines)
- consider immobilization requirements with penetrating and crushing injuries to the abdomen
- note the presence of any pulsations or pulsating masses in the abdomen

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