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

- 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