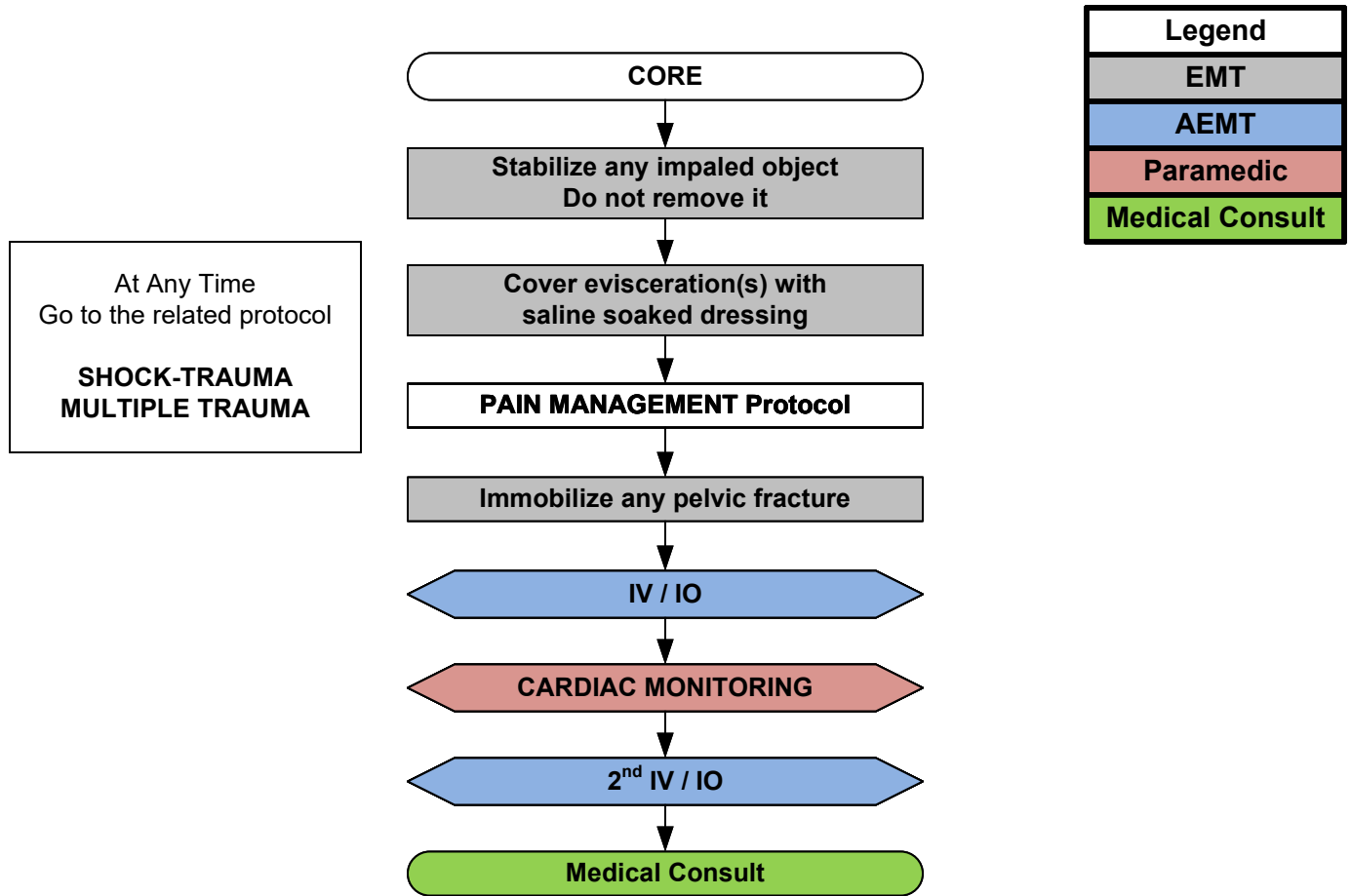


ABDOMINAL/PELVIC TRAUMA

History: ○ Time of injury ○ Type of injury ○ Other trauma ○ Loss of consciousness ○ SAMPLE	Signs and Symptoms: ○ Abdominal pain on palpation ○ Penetrating wounds ○ Impaled objects ○ Abdominal evisceration ○ Hematuria, bloody stool ○ Altered bowel sounds ○ Hemoptysis ○ Signs/symptoms of shock	Differential: ○ Blunt visceral injury ○ Open abdominal/pelvic wound ○ Impaled object ○ Pelvic fracture ○ Multiple trauma
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Pearls:

- The KED may be used to immobilize pelvic fractures.
- Be vigilant for internal bleeding and signs of shock and prepare for aggressive management for volume replacement.
- IV fluid administration should be administered in 250 cc increments and should be limited to achieve and maintain a systolic blood pressure of 80 mmHg. Patients with a systolic blood pressure of < 80 mmHg with normal mental status do not require aggressive fluid administration. Pregnant patients are NOT candidates for permissive hypotension and the goal should be to keep these patients normotensive.
- Head injured patients may require more aggressive fluid resuscitation.
- Fluid resuscitation should occur en route except in cases of entrapment and other extenuating circumstances.
- Never try to remove an impaled object.
- Place pregnant patients in the left lateral recumbent or semi-fowler position, if possible.