Advanced Practice Protocols and Management Guidelines for Penetrating Trauma: True Abdomen

In accordance with the Division of Trauma Practice Guidelines Manual and the Practice Guidelines for Acute Care Nurse Practitioners

I. Definition
   A. Penetrating trauma to the true abdomen either stab wound or gunshot wound. The true abdomen includes area encircled by the bilateral anterior axillary lines, nipple line superiorly, and inguinal ligament inferiorly.

II. Subjective Data
   A. HPI, PMH,
   B. Mechanism of injury, Circumstances (assault, self-inflicted, MVC, etc.)
   C. Pain, location of pain
   D. Anxiety
   E. LOC
   F. Difficulty breathing
   G. Nausea/vomiting/hematemesis

III. Objective Data
   A. Vital signs, LOC
   B. Urinary output, hematuria
   C. Rectal blood
   D. Location of penetrating wound(s), length, depth, character. Note number of entrance/exit wounds if GSW.
   E. Presence of foreign objects.
   F. Swelling/tightness/tenderness/guarding of abdomen; peritoneal signs.
   G. S/S of hypovolemic shock.
   H. Hypoactive/absent bowel sounds.
I. Laboratory / Diagnostics
   1. CBC/Platelets
   2. Blood Type/Crossmatch
   3. Elevated liver enzymes, elevated PT/INR
   4. Elevated pancreatic enzymes
   5. CXR, KUB, Pelvis A/P
   6. Chest/Abdominal/Pelvis CT
   7. Local wound exploration
   8. F.A.S.T (focused abdominal sonogram test)
IV. Assessment / Plan

A. NP will assist in ED examination of patient and run Level 1 infuser if required; will assist in communication with blood bank, ED liaison, OR, CT Scanner, 10N charge nurse; and will put in admission orders based on pt. status and attending orders. NP will notify attending of any suspected intra-abdominal injury in otherwise stabilized patient.

1. Stab wounds
   a. CXR
      1) Notify fellow/attending to consider need for chest tube
   b. If penetrates anterior fascia.
      2) Look for peritoneal signs, evisceration, hemodynamic, instability.
      3) If positive, notify fellow/attending to consider taking patient to OR for DPL or Ex. Lap.
      4) May consider observation if negative.
      5) Wound care and D/C if negative.

2. Gunshot Wounds
   a. CXR, KUB,
      1) Notify fellow/attending to consider need for chest tube
   b. If peritoneal signs, no exit wound, or hemodynamic instability
      1) Notify fellow/attending to consider taking patient to OR for Ex. Lap
   c. If tangential wound, no peritoneal signs, or hemodynamically stable
      1) May consider observation with low threshold for operation
      2) May consider DPL/F.A.S.T.

Reference:
1. Division of Trauma Clinical Guideline Manual.
2. Vanderbilt University Medical Center, Division of Trauma. (2002). Practice Guidelines Manual.