Trauma Clinic Advanced Practice Guidelines For Nonoperative Spleen Injury

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

I. Purpose

A tear of the spleen caused by blunt or penetrating injury results in profuse hemorrhage and can be managed nonoperatively during the course of the patient’s initial hospitalization. The management of spleen injuries, following discharge from the hospital, requires a precise history and physical examination to minimize the incidence of misdiagnosis and increase the incidence of finding complications that arise late in the healing process. Possible complications might include hemorrhage, hematoma, or abscess.

II. Assessment

A. Subjective Information
   a. History of Present Illness
   b. Past Medical and Surgical History
   c. Current Medications
   d. Allergies
   e. Recent Follow-up Appointments
   f. Chief Complaint

B. Objective Information
   1. Physical Examination
      a) Vital Signs: Temperature, Respiratory Rate, Heart Rate, Blood Pressure
      b) Breath Sounds
      c) Heart Sounds
      d) Local Left Flank Tenderness
      e) Left Flank Erythema
      f) Left Flank Warmth
      g) Splenomegaly
      h) Left Flank Hematoma
   2. Laboratory Examination
      a) Complete Blood Count with Platelet Count
      b) Basic Metabolic Panel
   3. Radiographic Examination
      a) Abdominal CT Scan

III. Management

A. NP will evaluate history of present illness
   1. Verify grade of splenic injury that was dictated by radiologist
   2. Examine patient’s hospital course
   3. Evaluate patient’s pain medication requirements during inpatient hospital stay
   4. Evaluate patient’s pain medication requirements after discharge
   5. Evaluate patient’s current level, character, location, and timing of pain
6. Evaluate patient’s level of activity prior to injury and compare current level of activity

B. If patient is asymptomatic and 2 weeks post-injury, then check complete blood count
   1. If white blood cell count elevated, then obtain CT abdominal scan
   2. If hematocrit less than 22 or hemoglobin less than 12, then notify attending physician and obtain CT abdominal scan

C. If patient experiencing lightheadedness, dizziness, SOB, difficulty breathing
   1. Obtain complete blood count
      a. If white blood cell count elevated, then obtain CT abdominal scan

D. If patient experiencing fever, nausea, vomiting, chills, or night sweats
   1. Consider CT abdominal scan
      a. If CT abdominal scan positive for abscess or hematoma, NP will notify attending physician for further management plan

E. If grade 2 or 3 spleen injury, then schedule further follow-up visit in 2 months

F. If grade 4 spleen injury, then schedule follow-up visits in 6 weeks and 12-weeks with complete blood count

IV. References