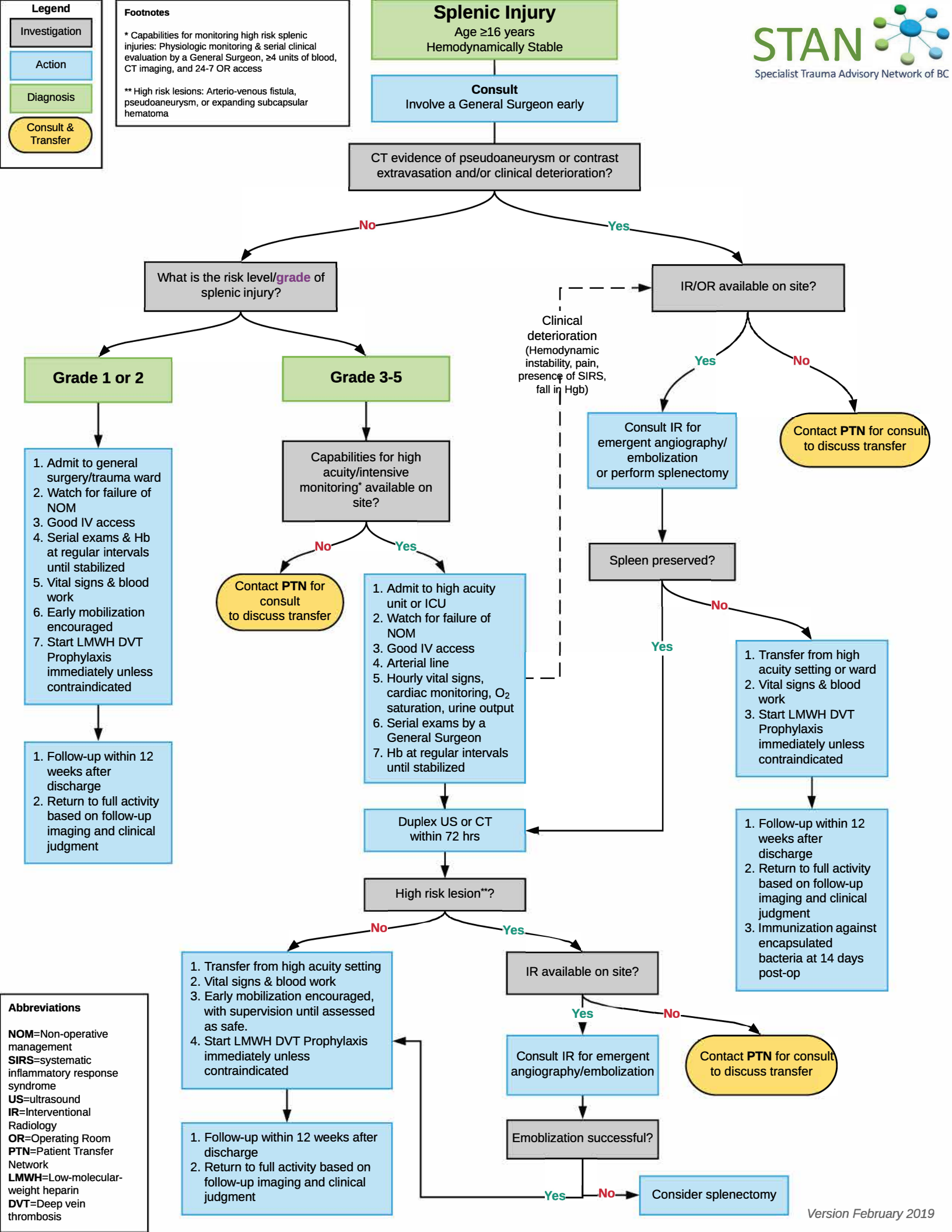
Legend
Investigation
Action
Diagnosis
Consult & Transfer
Footnotes
* Capabilities for monitoring high risk splenic injuries: Physiologic monitoring & serial clinical evaluation by a General Surgeon, ≥4 units of blood, CT imaging, and 24-7 OR access
** High risk lesions: Arterio-venous fistula, pseudoaneurysm, or expanding subcapsular hematoma
Splenic Injury
Age ≥16 years
Hemodynamically Stable
STAN
Specialist Trauma Advisory Network of BC
Consult
Involve a General Surgeon early
CT evidence of pseudoaneurysm or contrast extravasation and/or clinical deterioration?
No
Yes
What is the risk level/grade of splenic injury?
IR/OR available on site?
Clinical deterioration (Hemodynamic instability, pain, presence of SIRS, fall in Hgb)
Yes
No
Grade 1 or 2
Grade 3-5
Consult IR for emergent angiography/ embolization or perform splenectomy
Contact PTN for consult to discuss transfer
1. Admit to general surgery/trauma ward
2. Watch for failure of NOM
3. Good IV access
4. Serial exams & Hb at regular intervals until stabilized
5. Vital signs & blood work
6. Early mobilization encouraged
7. Start LMWH DVT Prophylaxis immediately unless contraindicated
Capabilities for high acuity/intensive monitoring* available on site?
No
Yes
Contact PTN for consult to discuss transfer
1. Admit to high acuity unit or ICU
2. Watch for failure of NOM
3. Good IV access
4. Arterial line
5. Hourly vital signs, cardiac monitoring, O2 saturation, urine output
6. Serial exams by a General Surgeon
7. Hb at regular intervals until stabilized
Spleen preserved?
No
Yes
1. Transfer from high acuity setting or ward
2. Vital signs & blood work
3. Start LMWH DVT Prophylaxis immediately unless contraindicated
1. Follow-up within 12 weeks after discharge
2. Return to full activity based on follow-up imaging and clinical judgment
1. Follow-up within 12 weeks after discharge
2. Return to full activity based on follow-up imaging and clinical judgment
3. Immunization against encapsulated bacteria at 14 days post-op
Duplex US or CT within 72 hrs
High risk lesion**?
No
Yes
1. Transfer from high acuity setting
2. Vital signs & blood work
3. Early mobilization encouraged, with supervision until assessed as safe.
4. Start LMWH DVT Prophylaxis immediately unless contraindicated
IR available on site?
Yes
No
Consult IR for emergent angiography/embolization
Contact PTN for consult to discuss transfer
1. Follow-up within 12 weeks after discharge
2. Return to full activity based on follow-up imaging and clinical judgment
Emoblization successful?
Yes
No
Consider splenectomy
Abbreviations
NOM=Non-operative management
SIRS=systematic inflammatory response syndrome
US=ultrasound
IR=Interventional Radiology
OR=Operating Room
PTN=Patient Transfer Network
LMWH=Low-molecular-weight heparin
DVT=Deep vein thrombosis
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