Real World Trauma to the Abdomen

5/10/14



Disclosure

- No financial disclosures
- ATLS Instructor ATLS images and ATLS course content



Why?

Unrecognized abdominal and pelvic injuries continue to be a cause of preventable death



Objectives

- Discuss EMS Trauma Alert Report
- Identify Key Anatomic Regions of the Abdomen
- Recognize the organs at risk for injury
- Recognize Patients at Risk for Abdominal Trauma
- Identify the acute management of abdominal Injury
- Case Presentations



EMS TRAUMA ALERT REPORT



Handoff





Handoff







Handoff Success

- Pt. Demographics
- Medical History
- Mechanism
- Injuries
- Hemodynamics
- Treatment

- ABC MIVT
 - Airway
 - Breathing
 - Circulation
 - Mechanism
 - Injuries
 - Vitals
 - Treatment





Handoff Practice







Handoff Success



- 35 y/o healthy male with no allergies
- Farming Accident
- Large L abdominal wall and flank laceration with evisceration
- Tachy with normal BP
- Saline gauze over his bowels,
 (2) 16 gauge IV's, O2 by NRB at
 15 L/min





Handoff Failures

- Never happens
- Given to the wrong person
- Surgeon doesn't listen



KEY ANATOMIC REGIONS OF THE ABDOMEN







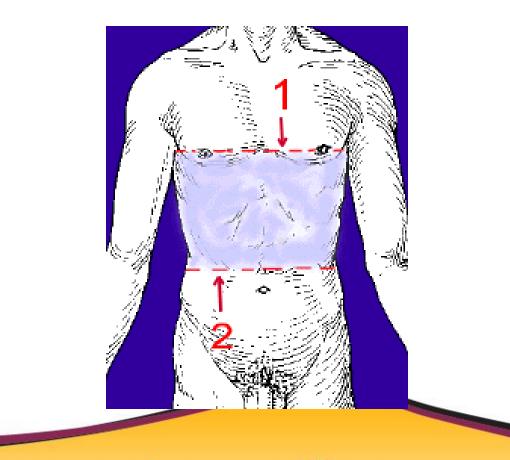


Anterior Abdomen





Anterior abdomen





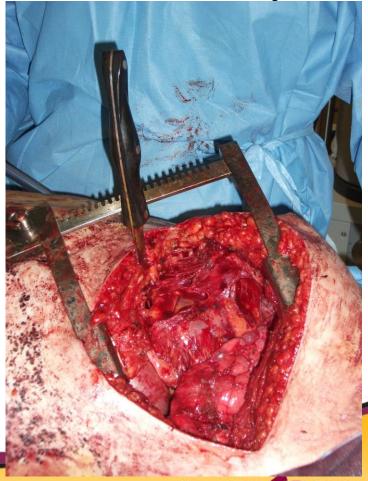






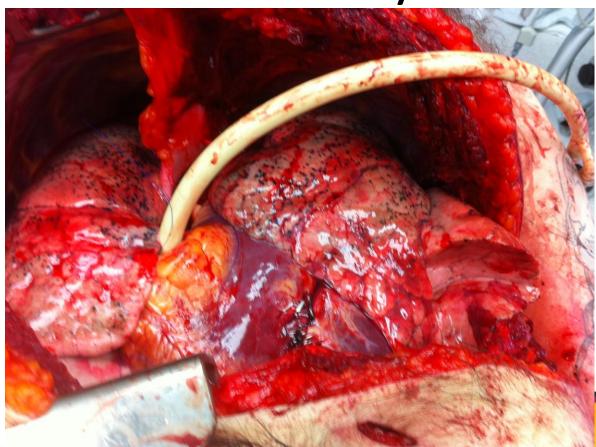






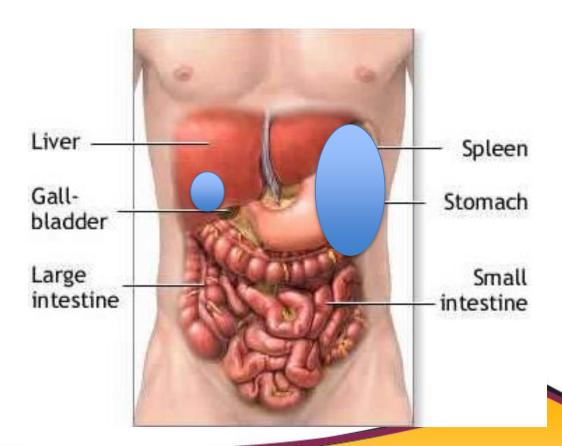
















• Flank









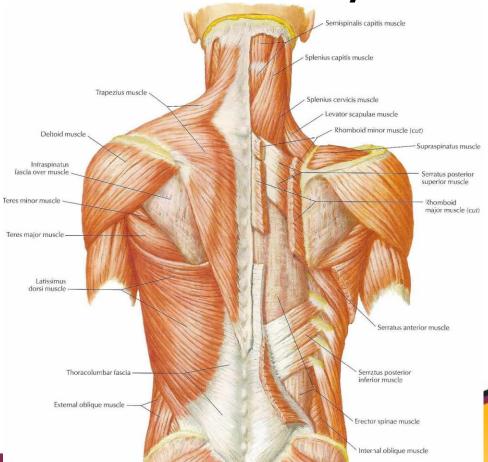
Back





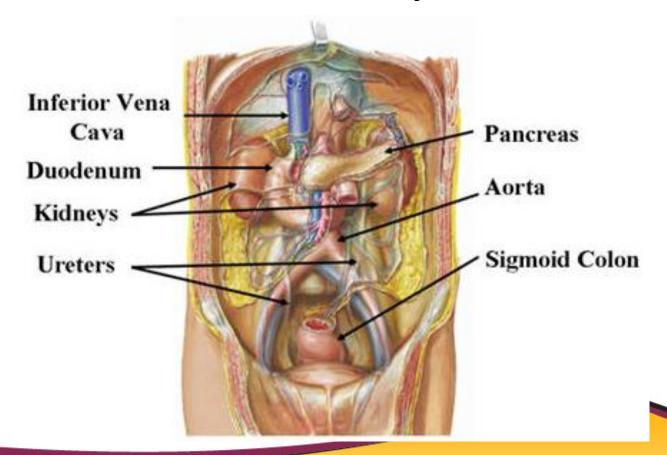
















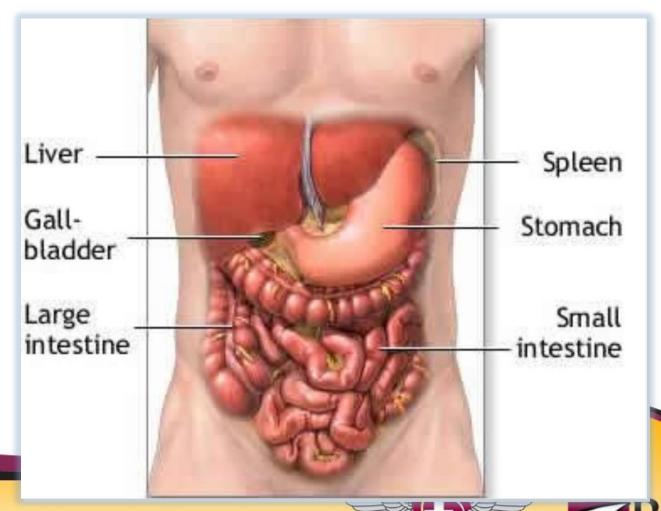
Recognize Patients at Risk for Abdominal Trauma





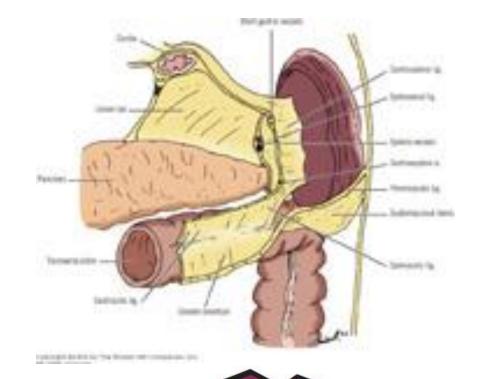






AIR IDAHO RESCUE

- Common Inj. Organs
 - Spleen



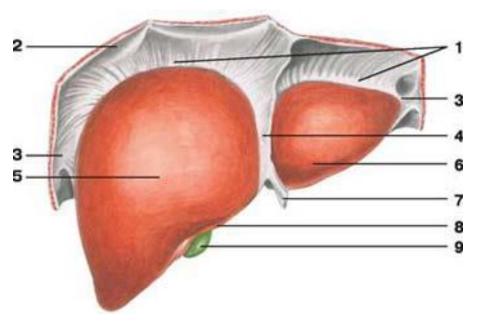




Common Inj. Organs²

Spleen

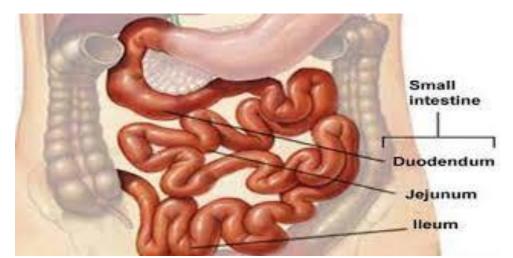
Liver





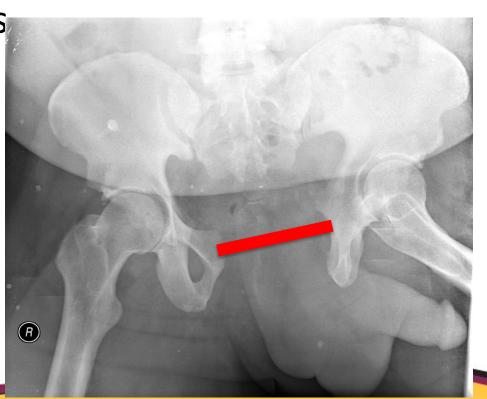


- Common Inj. Organs
 - Spleen
 - Liver
 - Small Intestine





- Common Inj. Organs
 - Spleen
 - Liver
 - Small Intestine
 - Pelvis







Penetrating Injury

Any organ is at Risk

<u>Stab</u>

Low Mechanism

GSW

Type of weapon

Distance







- Explosion Blast
 - Combination Injury
 - Blunt
 - Penetrating
 - Blast
 Consider proximity,
 Enclosed space, Fragments







How do I recognize if there is an abdominal Injury?

Physical Exam

Inspection

Auscultation

Percussion

Palpation

Examine the Pelvis and Perineum







- Factors That Compromise the Abdominal Exam
 - Alcohol and other drugs
 - Injury to the brain and spinal cord
 - Injury to the ribs, spine, and pelvis
 - Distracting injury



Acute Management of Abdominal Injury



Unrecognized abdominal injury continues to be a cause of preventable death



ABCDE



· ABCDE



High Index of Suspicion







High Index of Suspicion







- Blunt Mechanism
 - Recognition
 - Load and Go
 - 2 large bore IV's
 - Fluid Resuscitation



- Penetrating Inj.
 - Stabilize foreign Objects
 - Moist dressings over viscera
 - Load and Go
 - 2 Large bore IV's
 - Fluid Resuscitate

Operating Room!







Case Presentations

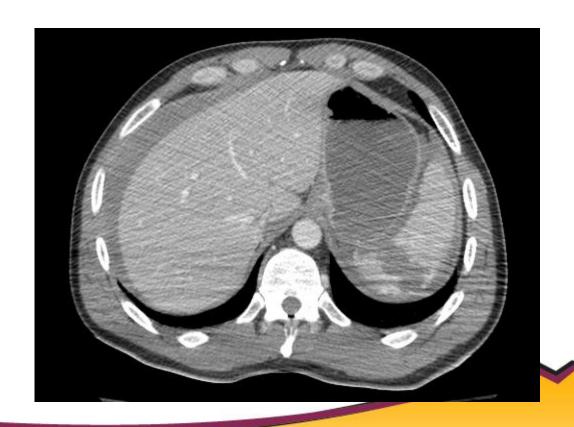


#1 Watch out for that tree

- 47 y/o male, snowboarding with his family, lost control and struck a tree on his left flank
- Confused, c/p left arm pain, left chest pain, left knee pain
- What do you do?



#1 Watch out for that tree

























#1 Watch out for that tree

- Multiple L sided rib fractures
- Left pneumothorax
- Grade 4/5 splenic laceration
- Grade 2 renal laceration



#2 Lived Through an Avalanche

- 32 y/o professional skier, jumped off a cliff, started an avalanche and was pinned between against a tree from the chest down.
- Skied down, hiked out, and complained of worsening abdominal pain and dizziness, he then called EMS
- What do you do?





#2 Lived Through an Avalanche



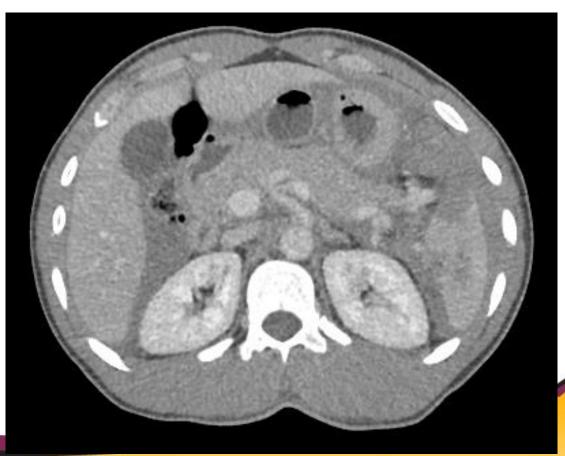
















#2 I Lived Through and Avalanche

- Grade 4/5 splenic laceration
- Avulsion of the inferior pole of his spleen
- Splenic flexure of the colon crush injury



#3 Helmets Save Brains

- 65 y/o male, unhelmeted, involved in an ATV rollover accident
- Confused, combative on scene, EMS called at the time of injury
- What do you do?



#3 Helmets Save Brains



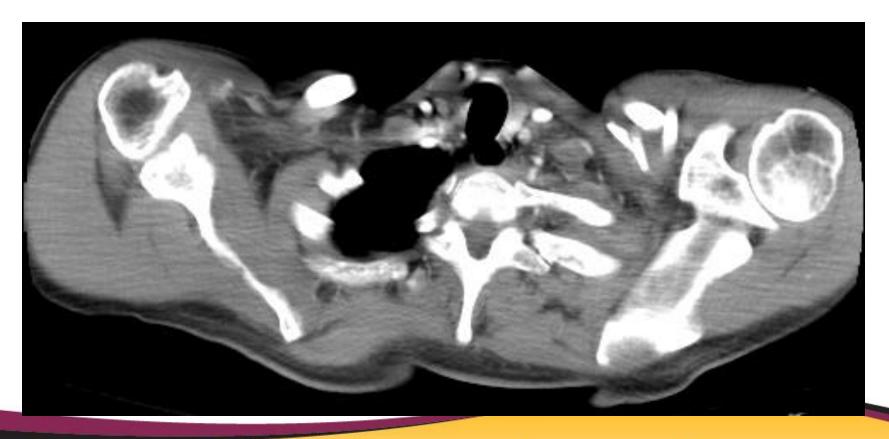


















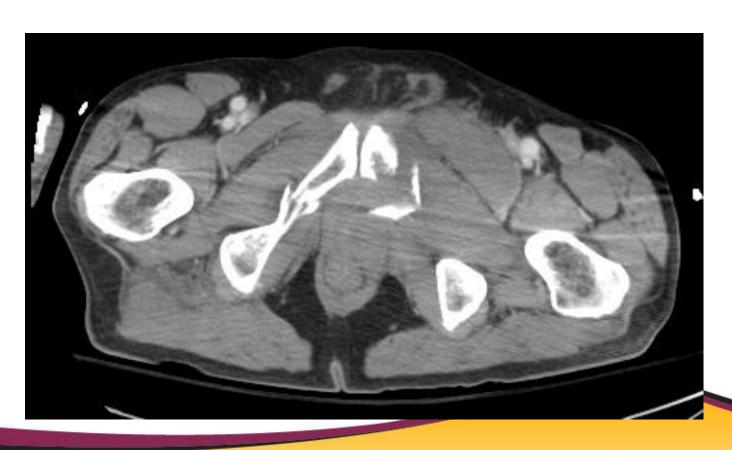






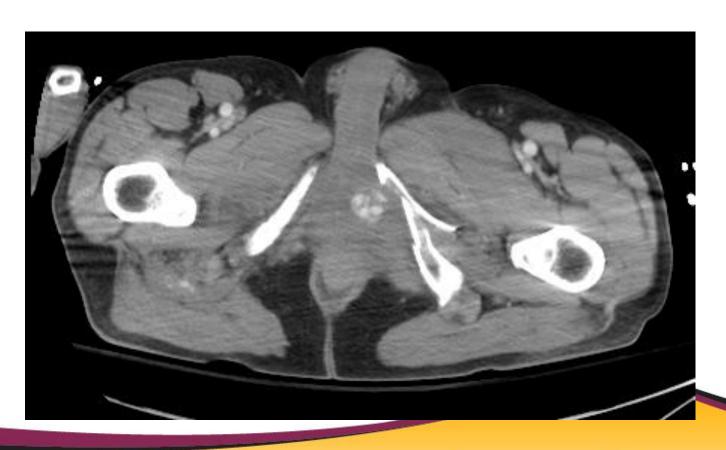
















#3 Helmets Save Brains

- SDH, SAH, IPH
- Multiple Bilateral Rib Fractures
- Multiple Pelvic Fractures
- Active Extravasation from Pelvic Arteries
- Left Clavicle fracture



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Thank You!



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