Revised 3/1/2000

t-5 ABDOMINAL TRAUMA

PRIORITIES:
- ABCs
- Any penetrating injury – handle as if abdominal cavity penetrated;
- Check for exit wounds;
- Assure an advanced life support response..

*As with all traumatically injured patients, transport per **LOAD AND GO Procedure** with special considerations.*

General Treatment General Guidelines

1. Ensure a patent airway (suction as necessary)
2. Be prepared to support ventilation with appropriate airway adjuncts;
3. OXYGEN THERAPY – Begin oxygen 10 liters/minute by mask. DO NOT withhold oxygen from a patient in respiratory distress because of a history of COPD.
4. Nothing by mouth;
5. Do NOT allow the patient to move;
6. Anticipate vomiting and shock.

Impaled Object

1. Attempt to stabilize the object with bulky dressings. Do NOT remove unless object interferes with CPR (Consult ALS unit staff as soon as possible).

Eviscerating Trauma

1. Cover eviscerated organs with sterile saline soaked dressing and firm bandage;
2. Do NOT replace organs into abdominal cavity.

Genital Injury

1. Cover genitals with sterile saline soaked gauze;
2. Treat amputated parts per EXTREMITY AMPUTATIONS (Protocol t-6)
3. Apply direct pressure to brisk bleeding.

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