Suspected Liver or Spleen Injury
Without peritonitis

Does surgeon suspect ongoing or very recent bleeding?

20mL/kg LR or NS

sustained response to LR or NS?

NO

Admit to non-ICU
Vitals q2h x 4 then q4h
T&S if close to Hb 7.0
Bed-rest overnight
Hb at 6 hrs
Hb at 12, 24 hrs post injury
are optional unless clinically
indicated by vitals or exam

symptomatic or Hb <7.0?

10mL/kg PRBC
NPO, Bed-rest
additional night
HB q6h

10-20 mL/kg PRBCs
Consider other causes (head injury,
tension pneumothorax, tamanode,
pelvic hemorrhage) [1]
Consider Massive Transfusion Protocol

YES

NO

CT scan
Admit PICU, NPO
Hb q6h
Bed-rest until Hb stable
Consider embolization [3]

Recurrent hypotension
or lack of a sustained
response to PRBCs?[2]

Is patient symptomatic
or have Hb < 7.0?

YES

NO

10-30mL/kg PRBC
NPO, Bed-rest
Hb q6h
consider embolization
[3]

Hb <7.0) or vital
signs still unstable?

YES

NO

Hb stable for 24 hours?

YES

Re-bleed or
Continued bleed

YES

Failure of
NOM Algorithm

Angiography & Embolization
Surgery
NOM at surgeon’s discretion

YES

Remain in
PICU

Hb stable x2?

NO

NO

HB Stable x2?

NO

YES

Floor status
18 hrs
Regular diet
Ambulate

Home if:
Hb stable, vitals normal,
tolerating diet, & minimal
abdominal pain
Use caution if abdominal wall injury
(handlebar injury or seatbelt sign)
Provide discharge instructions

 already given:
>40mL/kg PRBCs
or >4 units PRBCs

NO

NO

YES

YES

20mL/kg LR or NS