

JOHNS HOPKINS ALL CHILDREN'S HOSPITAL

Penetrating Thoracoabdominal Trauma Clinical Pathway

Johns Hopkins All Children's Hospital

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Updated: December, 2020
Owners: Trauma

This pathway is intended as a guide for physicians, physician assistants, nurse practitioners and other healthcare providers. It should be adapted to the care of specific patient based on the patient's individualized circumstances and the practitioner's professional judgment.

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Rationale:

This clinical pathway was developed by a consensus group of JHACH physicians, advanced practice providers, and nurses to standardize the management of children presenting to the emergency center with thoraco-abdominal injury.

This guideline is designed to assist the emergency bedside provider with the potential decisions on diagnostics and disposition based on the clinical presentation of the patient

Background

Penetrating thoaco-abdominal injury in the pediatric population is uncommon but is associated with a very high mortality and morbidity and requires rapid and thorough assessment and management. Rapid and thorough assessment is necessary to prevent a bedside practitioner missing/delaying identification of and intervening with a life threatening injury.

Diagnosis

Information received pre arrival or at triage will help assist the bedside practitioner in identifying thoraco-abdominal penetrating injury. For the unconscious patient, rapid and thorough primary and secondary assessment is necessary to find all injuries.

Lab tests: CBC, CMP, T&S, PT/PTT, AST, ALT, amylase, lipase, UA

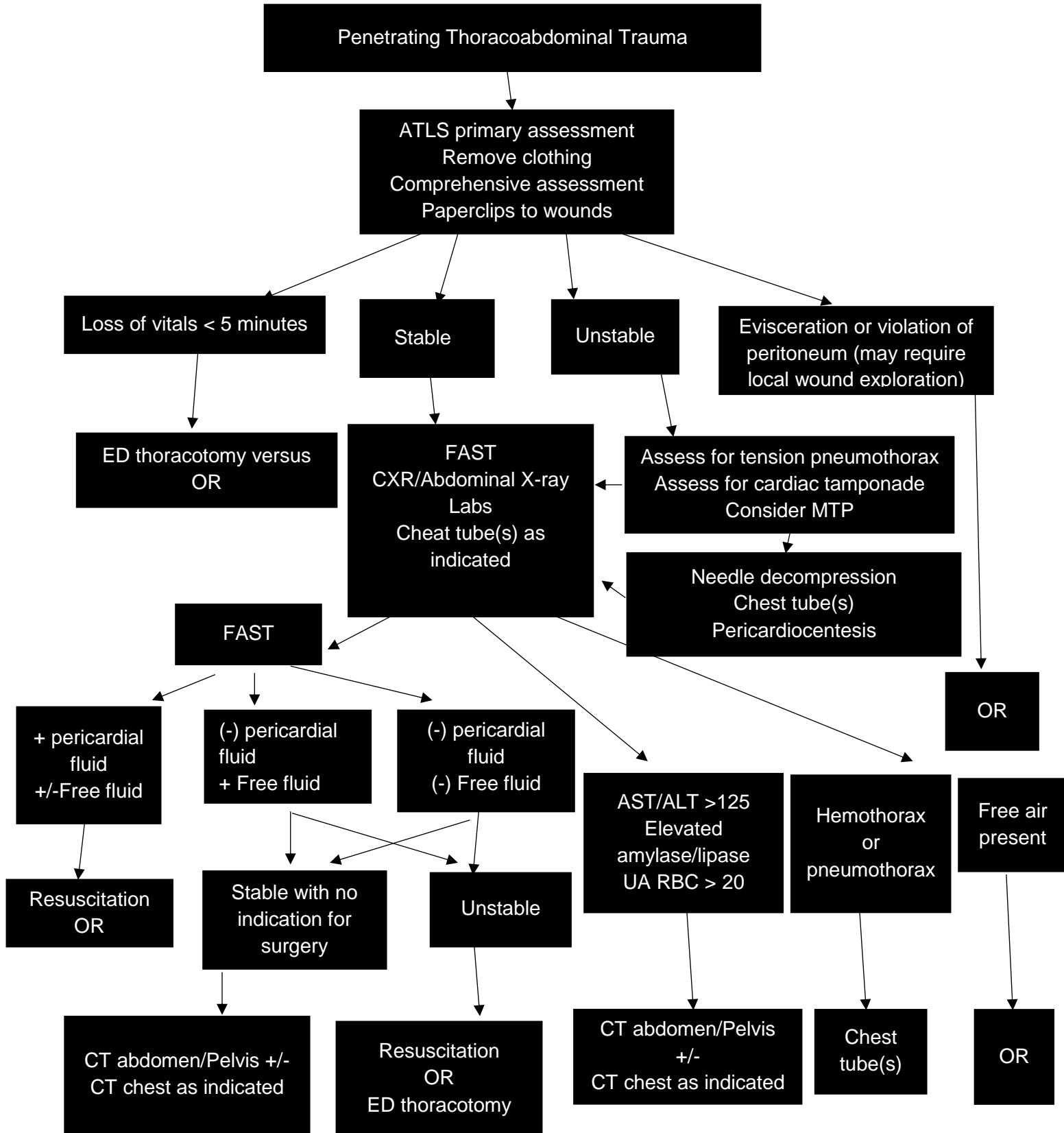
Radiologic studies: CXR, FAST, CT

Clinical Management

Determining stability of the patient on presentation is necessary to determine the immediate interventions necessary and to determine diagnostic and disposition options for treatment. Because penetrating injuries can unseen injuries, a comprehensive assessment and high index of suspicion is necessary.

Assessment and intervention should be coordinated with a trauma team activation and care driven by ATLS protocol.

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Emergency Center Management

Patients presenting for thoraco-abdominal penetrating injury should have a level 1 trauma team immediately activated and ATLS protocols followed for initial assessment, correction of life threatening injuries, rapid secondary assessment, and disposition decision.

All patient with an injury will be admitted to a surgical service under the direction of a trauma attending.

Discharge

After thorough and comprehensive assessment and diagnostics completion, a patient with no injury can be discharged from the EC.

Outcome Measures:

- Team compliance with guideline
- Unexpected morbidity and mortality

References

Eastern Association for the Surgery of Trauma Management Guidelines (EAST).
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Pediatric Trauma Society Clinical Practice Guidelines. <http://pediatrictraumasociety.org>

UK HealthCare Pediatric Trauma Care Guidelines. 2011. www.hosp.uky.edu/careweb

Disclaimer

Clinical Pathway Team
Penetrating Thoraco-abdominal Trauma Clinical Pathway
Johns Hopkins All Children's Hospital

Owner(s): Trauma

Also Reviewed by:

Infectious Diseases:

Hospitalists:

Intensive Care:

Emergency Center:

Resident Physicians:

Nursing:

Pharmacists:

Johns Hopkins Children's Center Team:

Others:

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Date Approved by JHACH Clinical Practice Council:

Date Available on Webpage:

Last Revised:

Clinical Pathways are intended to assist physicians, physician assistants, nurse practitioners and other health care providers in clinical decision-making by describing a range of generally acceptable approaches for the diagnosis, management, or prevention of specific diseases or conditions. The ultimate judgment regarding care of a particular patient must be made by the physician in light of the individual circumstances presented by the patient.

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