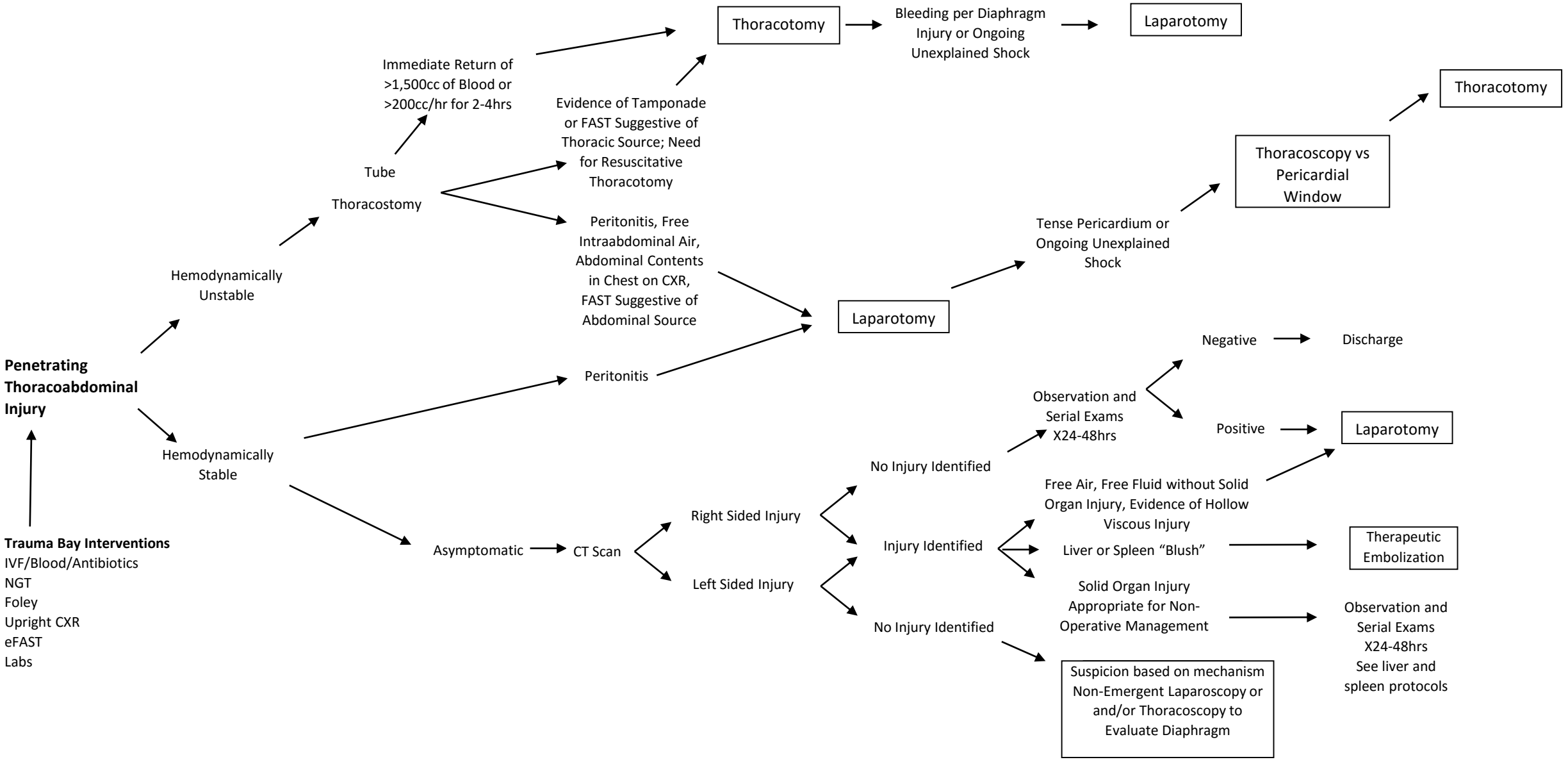
Thoracotomy
Bleeding per Diaphragm Injury or Ongoing Unexplained Shock
Laparotomy
Immediate Return of >1,500cc of Blood or >200cc/hr for 2-4hrs
Evidence of Tamponade or FAST Suggestive of Thoracic Source; Need for Resuscitative Thoracotomy
Tube Thoracostomy
Peritonitis, Free Intraabdominal Air, Abdominal Contents in Chest on CXR, FAST Suggestive of Abdominal Source
Tense Pericardium or Ongoing Unexplained Shock
Thoracoscopy vs Pericardial Window
Thoracotomy
Hemodynamically Unstable
Laparotomy
Penetrating Thoracoabdominal Injury
Peritonitis
Negative
Discharge
Observation and Serial Exams X24-48hrs
Positive
Laparotomy
Hemodynamically Stable
No Injury Identified
Free Air, Free Fluid without Solid Organ Injury, Evidence of Hollow Viscous Injury
Asymptomatic
CT Scan
Right Sided Injury
Left Sided Injury
Injury Identified
Liver or Spleen "Blush"
Therapeutic Embolization
Solid Organ Injury Appropriate for Non-Operative Management
Observation and Serial Exams X24-48hrs See liver and spleen protocols
No Injury Identified
Suspicion based on mechanism Non-Emergent Laparoscopy or and/or Thoracoscopy to Evaluate Diaphragm
Trauma Bay Interventions
IVF/Blood/Antibiotics
NGT
Foley
Upright CXR
eFAST
Labs

PNM / 10/2017