

Goals

- Support airway & breathing, control hemorrhage and maintain perfusion
- Identify any signs of high-risk abdominal trauma (penetrating injury, evisceration, and abdominal wall hematomas)
- Stabilize potential fractures
- Adequate pain management

Consider c-spine immobilization

Oxygen to keep SpO₂ at 100%

Control external bleeding & administer fluid to maintain blood pressure ~100mmHg

Consider pelvic stabilization

Stabilize penetrating object *in situ*

Consider TXA (1g mixed in 100mL normal saline run over 10 minutes IV)

Consider analgesia

Tips

- Gently palpate the abdomen/pelvis for tenderness (do not rock/spring the pelvis)
- Apply pelvic binder if a fracture is possible and the patient is hemodynamically unstable, unreliable on assessment, or has pelvic pain
- Remember to check the back of the patient
- Recognize that abdominal trauma can cause shock