



COMMENTS

Anterior torso= below nipple line, above inguinal lig.
Posterior torso= below inf. scapular border, above gluteal crease

Indications for immediate laparotomy include:

- ALL GSW to torso thought to penetrate peritoneum
- SW w/ obvious evisceration
- patients with clinical evidence of shock
- patients with clinical evidence of peritonitis
- impalements

A (+) LWE constitutes a wound that penetrates the superficial fascial layer. A (-) LWE constitutes a wound involving ONLY the skin and subcutaneous fat.

Gunshot wounds thought to be tangential may be evaluated using laparoscopy or DPL (cell count > 1,000 = (+) DPL)
Indeterminate findings on DPL or LAPscope mandate laparotomy.
(Blast injury to the bowel may be missed w/ DPL)

All these patients should be observed. CT-based indications for lap. not well defined, but include:

- contrast extrav
- free air, or any free intraperitoneal fluid (blood)
- peri-colic or central retroperitoneal hematomas

Criteria for positive DPL:

- any gross blood on free aspirate
- minimal cell count criteria varies. Rec: 1,000-5,000/ccmm
- WBC > 500/cu.mm.
- Particulate matter in lavasate.

Discharge criteria:

- normal abdominal exam
- no evidence of non-specific inflammation (temp,WBC)
- able to tolerate p.o.
- no significant change in hematocrit
- no other indications for continued hospitalization

MANAGEMENT ALGORITHM FOR THE INITIAL EVALUATION OF PENETRATING ABDOMINAL TRAUMA