

Key Injury: Abdomen

Strongly consider grouping together chest, abdomen and pelvis for injury-specific imaging (see **Appendix A** for discussion of evidence on *Imaging Chest, Abdominal and Pelvic Injuries*).

a) Abdominal Radiograph (AXR) (AP supine)

- Generally not necessary if CT ordered

b) Standard Trauma Imaging CT Protocol

- Basic set of CT imaging that will most often be used and should be considered the starting point for CT imaging of the severely injured patient
- Includes abdomen with IV contrast
- Non-contrast CT examinations of the abdomen is considered inadequate unless there is a history of allergy to iodinated contrast and other imaging modalities are not available
- Criteria for the ordering of this standard CT Protocol can be found in **Appendix C**

c) Extended Focused Assessment with Sonography for Trauma (E-FAST)

- E-FAST is not necessary in primary or secondary surveys but if CT not readily available, clinicians should consider E-FAST even in stable patients. (E-FAST is low-cost and clinicians can benefit from maintaining their skill with this modality.)
- If CT is readily available, however, clinicians should forego E-FAST as the latter does not contribute to decision-making.
- Standard E-FAST (see **Appendix F**) to visualize free fluid in the pleural, pericardial, perihepatic, perisplenic, and pelvic locations or pneumothorax in the anterior pleura.
- Also useful in triage of multiple severely injured patients simultaneously.

d) Delayed Phase CT Imaging of Abdomen

- Generally not necessary
- Consider if patient is hemodynamically unstable and abdomen is suspected to be source of active bleeding
- Delay: 2-5 min. after injection

e) CT Urography/Intravenous Pyelogram (IVP)

- Generally not necessary
- Consider if patient has hematuria from a suspected urinary collecting system injury
- Antegrade with delays through entire urinary collecting system (15-20 min.)

f) Rectal Contrast

- Generally not necessary on initial imaging
- Consider in penetrating wound to the flank, especially when requesting follow-up CT
- CT Imaging not to be delayed if patient unstable
- Requires rectal tube

g) Oral Contrast

- Generally not necessary
- Consider in anterior penetrating wounds in the epigastric region to assess for gastric injury
- CT imaging not to be delayed if patient unstable
- Consider danger of aspiration if patient has a decreased level of consciousness or nasogastric tube to be used if patient unable to take voluntarily