Information Needed:

1. History: mechanism and estimated force involved, restraints, weapon involved.

2. Physical findings: distension, bruising, entrance/exit wounds, tenderness, guarding, pelvic instability to lateral and suprapubic compression.

Treatment:

1. Protect airway and assist ventilation as needed.
2. Administer O_2 moderate to high flow.
3. Obtain vital signs (pulse, blood pressure, respirations, SPO2, ECG, GCS)
4. Assess abdomen by visualizing and palpating.
5. Establish venous access, draw blood and give fluid bolus if needed.
6. Cover wounds and eviscerations with saline moistened dressings. Do not remove impaled objects or attempt to replace eviscerations.
7. Repeat vital signs frequently, looking for changes.
8. Consult medical control for additional fluid boluses, pain medication, and antiemetics if needed.
9. Consider establishing a second IV if the patient shows signs of significant bleeding or shock.

Notes:

1. Abdominal injuries are complex and the extent of injury is difficult to assess.
2. Children can suffer significant abdominal injury without any external signs of injury.
3. Blunt objects may cause occult abdominal trauma which does not become apparent for several hours.
4. In female patients, determine if they are (or could be) pregnant.