

## Isolated Liver/Spleen Injuries

### Care Algorithm

Once an isolated injury has been graded, the following algorithm of care is followed:

<b>CT Grade</b>	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>
ICU LOS	None	None	None	24 hrs.
Hospital LOS	2 days	3 days	4 days	5 days
Pre-discharge imaging	None	None	None	None
Post-discharge imaging	None	None	None	None
Time of restricted* activity/post-injury follow-up visit	3 weeks	4 weeks	5 weeks	6 weeks

\*\*Return to full-contact, competitive sports (ie, football, wrestling, hockey, lacrosse, mountain climbing) should be at the discretion of the individual pediatric trauma surgeon. The proposed guidelines for return to unrestricted activity include “normal” age-appropriate activities.

Operative management of spleen/liver injuries are indicated for:

- Ongoing hemorrhage
- Refractory hemodynamic instability

Following total splenectomy patients are at risk for fulminant bacteremia from Streptococcus pneumonia, Haemophilus influenzae type b and Meningococcus. Immunizations can be given after the 14<sup>th</sup> post-operative day. Parents should be instructed to follow-up with their pediatrician about these vaccines.

Patients must be started on antimicrobial prophylaxis upon discharge. The current recommendation is as follows:  
(Redbook, UpToDate, October, 2013)

Oral Penicillin VK	125 mg PO BID	Children 2 months-5 years
	250 mg PO BID	Children 5 years old and older

It is recommended that Oral Penicillin VK be given until at least five years of age or for at least one year following splenectomy. Immunocompromised and patients with penicillin allergies follow a different dosing schedule and medication regiment. ( Please consult medical expert for additional information).

Some experts also recommend Amoxicillin(10 mg/kg/ twice a day) for enhanced palatability and coverage of some H. influenza b strains.