

Here are your *breadcrumbs*...

PATHO & ETIOLOGY

Blunt trauma leads to damage and internal bleeding. When intra-abdominal pressure is sustained at 12 mm Hg or higher, the patient is now experiencing IAH. If the problem is not corrected, it may lead to ACS, MODS, and death.



Assessments should be thorough and constant with regular re-evaluation.

History: AMPLE assessment, accident/trauma details

Physical Exam: ABCDE primary survey, detailed secondary survey, special attention to abdominal assessment

Consider *psychosocial needs* during and after treatment.

ASSESSMENT

Diagnosis 1: Ineffective breathing pattern/Impaired gas exchange/Impaired spontaneous ventilation related to pain from fractured ribs, lung contusions, sedation, high blood alcohol content, and intra-abdominal hypertension

Interventions: *Ensure patent airway, administer oxygen via non-rebreather mask, monitor ventilator settings, oxygenation status, and acid/base balance (SpO₂, ABGs, lactic acid, pH, base deficit, etc.), provide pain medication*

Diagnosis 2: Risk for deficient fluid volume related to blood volume loss (hypovolemic shock)

Interventions: *Start two large bore IVs to administer blood products (fresh frozen plasma, red blood cells, platelets, cryoprecipitate), fluids, and medications, assess circulation regularly (HR, BP, capillary refill, skin color and elasticity, level of consciousness, urine output, weight), place arterial line to monitor hemodynamics*

Diagnosis 3: Ineffective peripheral, renal, gastrointestinal, and cerebral tissue perfusion related to low cardiac output, decreased blood flow to abdominal organs and kidneys, and decreased cerebral perfusion pressure due to increased intra-abdominal pressure

Interventions: *Hemodynamic monitoring (SVR, MAP, CVP, CI, SvO₂, ABGs, lactic acid, base deficit), renal function (urinary output, glomerular filtration rate, BUN, creatinine blood and urine test), intracranial pressure monitoring (level of consciousness, cerebral perfusion pressure)*

Diagnosis 4: Decreased cardiac output related to decreased blood volume (internal bleeding/hypovolemic shock)

Interventions: *Start two large bore IVs to administer blood products (fresh frozen plasma, red blood cells, platelets, cryoprecipitate), fluids, and medications, assess circulation regularly (HR, BP, capillary refill, skin color and elasticity, level of consciousness, urine output, weight), place arterial line to monitor hemodynamics.*

PRIORITY NURSING DIAGNOSES & INTERVENTIONS

