

**Trauma Center Practice Management Guideline**  
*Iowa Methodist Medical Center — Des Moines*

***Activity-Restriction Guideline***

<b>PEDIATRIC Practice Management Guideline</b>	<b>Effective: 06/2014</b>
<b>Contact: Trauma Center Medical Director</b>	<b>Last Reviewed: 06/2017</b>

CT GRADE	I - II	III - V
ICU LOS	Discretionary	Mandatory
CBC	Q 8 - 12 hrs until stable	Q 6 – 8 hours until stable
Vitals	Q 4 – 6 hrs for at least 24 hrs, tapering to q8 hours at time of discharge	ICU routine, on monitor
Bedrest	Discretionary (bathroom privileges generally permitted)	24 – 48 hrs (bathroom privileges discretionary)
Minimum Hospital LOS	1	3
Activity Restrictions	<p><b>Casual activity only for at least 2 weeks</b> from time solid organ injury is deemed “stable” e.g. light walking, light household chores, social visits.</p> <p><b>Return to school may be permitted 1 – 2 weeks following injury</b>, with no rough-housing, no heavy lifting, no gym.</p> <p><b>Liberalized activity parameters beginning at 2 weeks</b>, with decision to advance generally determined at time of first clinic visit). Permissible activities anticipated including modest resistance exercises and low impact sports activities (e.g. shooting hoops, resistance exercises, riding a stationary bicycle, swimming with <i>no diving</i>).</p> <p><b>Strenuous, but low risk for body impact, activities permitted 1 – 2 months following injury.</b> This includes heavy lifting, most minimal contact sports, household and farm chores, riding a bicycle if experienced, working at a restaurant, etc. <i>Most school gym activities would be permitted at this stage.</i></p> <p><b>Unrestricted activity at 2 – 3 months.</b></p>	<p><b>Casual activity only for at least 3 - 4 weeks</b> from time solid organ injury is deemed “stable” e.g. light walking, light household chores, social visits.</p> <p><b>Return to school may be permitted 1 – 2 weeks following injury</b>, with no rough-housing, no heavy lifting, no gym.</p> <p><b>Liberalized activity parameters beginning at 3 - 4 weeks</b>, with instructions to advance generally given at time of first clinic visit). Permissible activities anticipated including light resistance exercises and low impact sports activities (e.g. shooting hoops, resistance exercises, swimming with <i>no diving</i>).</p> <p><b>Strenuous, but low risk for body impact, activities permitted 2 - 3 months following injury.</b> This includes heavy lifting, most minimal contact sports, household and farm chores, riding a bicycle if experienced, working at a restaurant, etc. <i>Most school gym activities would be permitted at this stage.</i></p> <p><b>Unrestricted activity at 3 months.</b></p>

CT GRADE	I - II	III - V
Unrestricted Activity	2 – 3 months	3 months
Return to School	1 – 2 weeks	2 – 3 weeks
Follow-up	1 – 2 weeks, then as needed 1 – 3 months	1 – 2 weeks, then 1 – 3 months

\* Stable is when hemoglobin value is not dropping more than 0.5mg/dL in 12 hours.

\*\* Timelines will need to be varied for patients presenting in a delayed fashion after injury.

- ⤴ Prior to discharge, patient will need to have normalized and stable vital signs, be tolerating a regular diet, and have satisfactory abdominal pain control.
- ⤴ A patient's global injury burden may necessitate adjustments to guidelines above.
- ⤴ Interventions such as angiography, ERCP, or percutaneous drainage may be required for complications such as bile leak.
- ⤴ Avoid use of NSAIDS, including toradol, during early phase of patient's recovery (both in hospital and early after discharge).
- ⤴ APSA guidelines restrict activity for solid organ injury grade + 2 weeks (e.g. Grade I injury is on restricted activity for 3 weeks).
- ⤴ Follow-up imaging is not routine, to be ordered at discretion of Attending Physician.