Renal and Pelvic Trauma Handout

- AAST Kidney Injury Scale: Grades I-V
- Renal injury can be a contusion or laceration due to blunt or penetrating trauma
- Renal injuries that are graded I-III typically do not require surgical management; higher grade injuries may require possible nephrectomy
- Majority of pelvic ring fractures are caused by MVC's, motorcycle crashes, pedestrians hit by cars, and falls
- Tile Classification and Young Burgess used to determine stable verses unstable
- Stable verses nonstable pelvic injuries
    - Stable injuries can be treated conservatively, and unstable injuries may require formal external fixation, angiography and embolization, or laparotomy
- Priority treatment of pelvic trauma includes pelvic stabilization through splinting, identifying any blood loss, and preparing the patient for possible surgical treatment
- Stable pelvic injuries can be treated conservatively
- CT scan is gold standard when trying to determine extent of injuries
- Most severe and fatal complication following pelvic trauma is hemorrhage
- Foley catheter is contraindicated when there is damage to the urethra from evident blood at the meatus, a displaced prostate, and a severe anterior pelvic fracture