

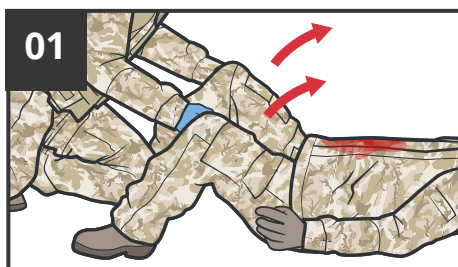
# OPEN ABDOMINAL WOUND

**CAUTION:** The size of the external wound is not a safe guideline for judging its severity

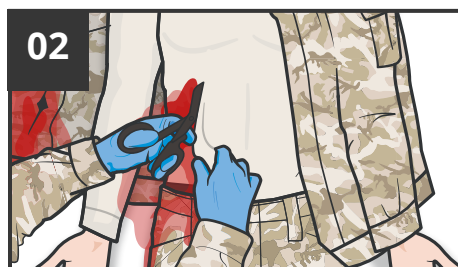


**CONSIDER** body substance isolation.

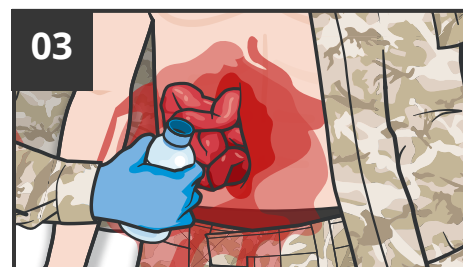
**NOTE:** If a Combat Lifesaver is available, direct them to assist.



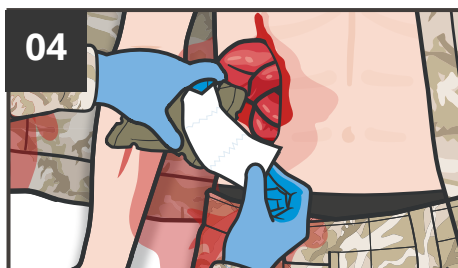
**01** **PLACE** the casualty in the supine position, with knees flexed.



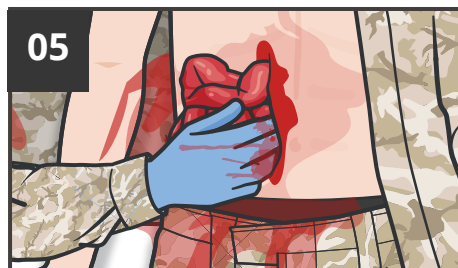
**02** **EXPOSE** the wound, inspecting for deformities, contusions, abrasions, penetrations, burns, lacerations, and swelling, and most importantly, tenderness, rigidity, distention, and pulsating masses.



**03** **RINSE** the wound with clean, preferably sterile, fluid to reduce gross contamination.

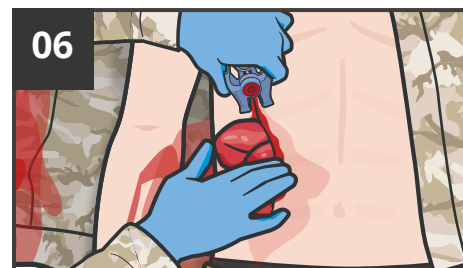


**04** **APPLY** combat gauze or CoTCCC-recommended hemostatic dressing to any uncontrolled bleeding.



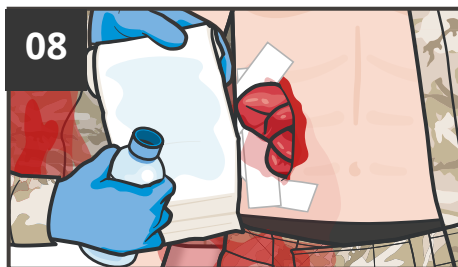
**05** **CONSIDER** a single, brief attempt to reduce/replace eviscerated abdominal contents.

**CAUTION:** **DO NOT** force contents back into abdomen or actively bleeding viscera or remove foreign objects.



If reduction attempt is successful, **RE-APPROXIMATE** the skin using available material, preferably an adhesive dressing (chest seal, for example) or with staples, sutures or a wound closure device.

**07** **STABILIZE** any protruding objects (see Impaled Object Skill Card).



**08** **COVER** exposed bowel with moist, sterile abdominal dressings, if available.

**NOTE:** Protruding abdominal organs should be kept moist to prevent the tissue from drying out.

- (a) Ensure that the dressing is large enough to cover the entire mass of protruding organs or area of the wound.
- (b) Using the sterile side of the dressing, or other clean, damp material, gather or keep any protruding organs near the wound and cover the wound.

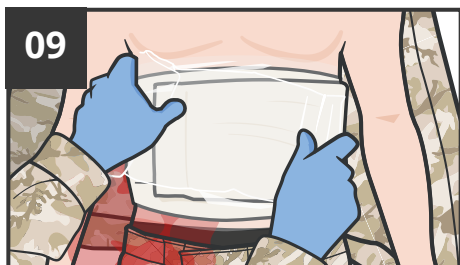
**NOTE:** Do not touch exposed organs with bare hands.

- (c) If using a dressing with tails, tie loosely and do not tie directly over the wound.

*Continued on next page...*

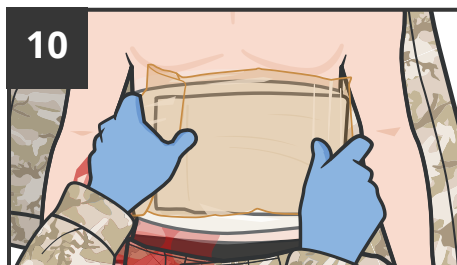
# OPEN ABDOMINAL WOUND

*Continued...*



**COVER** the dressed, eviscerated organs with water impermeable non-adhesive material (preferably transparent to allow re-assessment for ongoing bleeding). Examples include the sterile side of a plastic wrapper, IV bag, clear food wrap, etc.

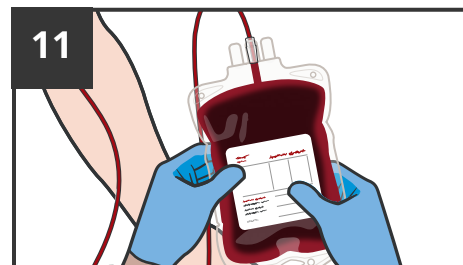
**CAUTION:** DO NOT apply pressure on the wound or further expose internal organs.



**SECURE** the impermeable dressing to the patient using adhesive bandage (examples: 3M™ Ioban™, chest seal).

**NOTE:** If an adhesive bandage isn't available, loosely cover the dressing with cravats and tie them on the side of the casualty opposite that of the dressing ties (if present).

**NOTE:** Use multiple dressings and cravats, if needed, to cover a large wound, ensuring tails of additional dressings are not tied over each other.



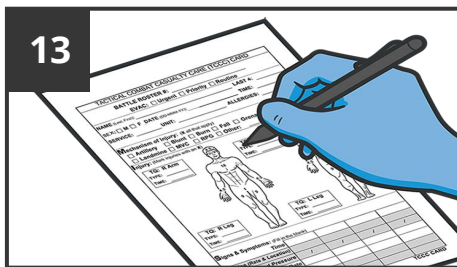
**TREAT** the casualty for shock and continue to reassess periodically.

**NOTE:** The most important concern in the initial management of abdominal injuries is shock.

**CAUTION:** Shock may be present initially or may develop later.



**PREVENT** hypothermia as exposed abdominal contents will result in more rapid heat loss.



**DOCUMENT** all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.