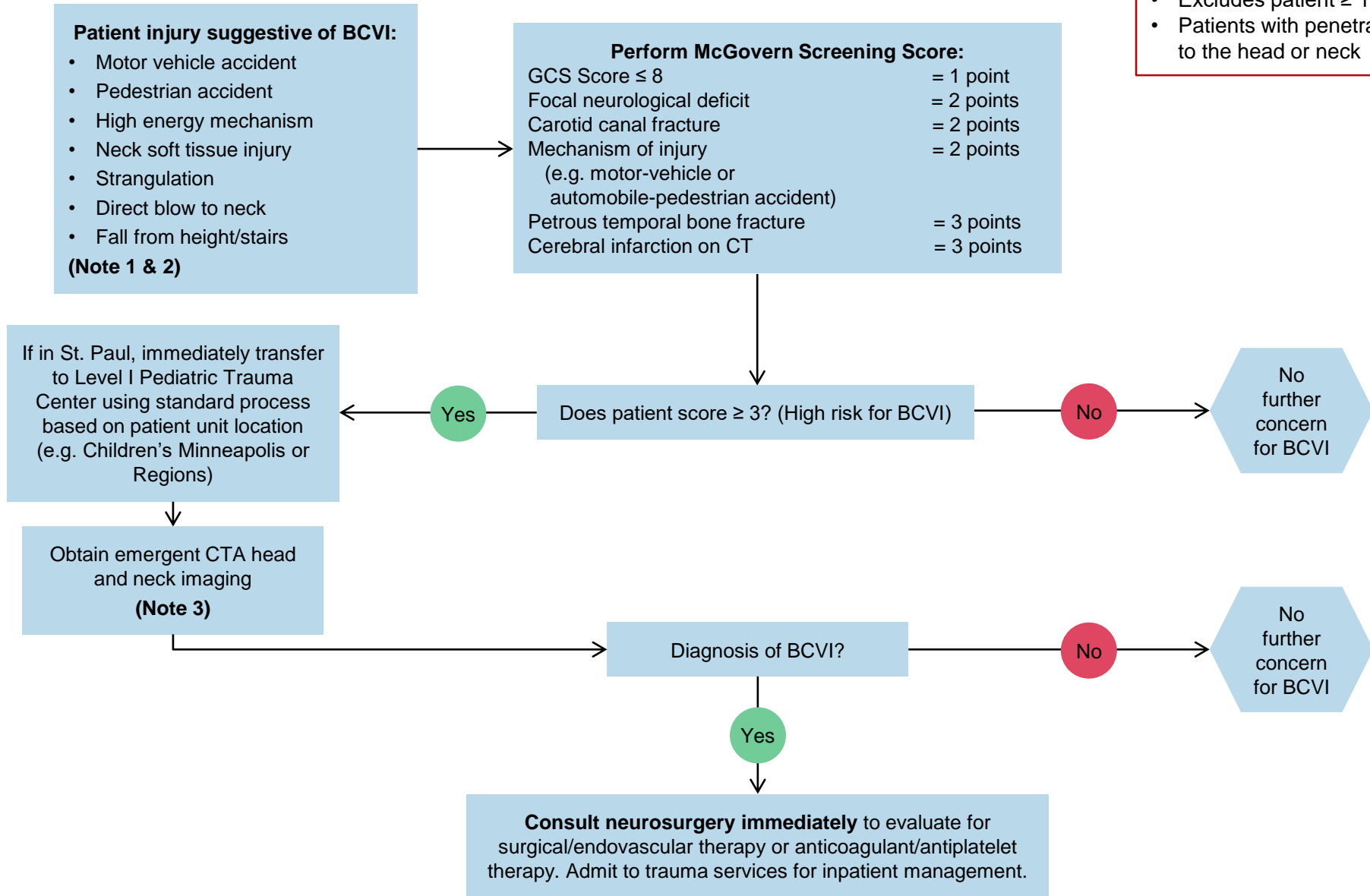


Aim: To standardize the assessment of patients <18 years old with BCVI

EXCLUSION CRITERIA:

- Excludes patient ≥ 18 years
- Patients with penetrating injury to the head or neck



Aim: To standardize the assessment of patients <18 years old with BCVI

NOTES:

Note 1. Focal neurological symptoms in both adult and pediatric trauma patients often do not occur until 10-72 hours after injury. The incidence of cerebrovascular injury in children is not well understood. Risk factors seen in the adult trauma population do not apply to the pediatric population; additionally, treatment varies in the adult and pediatric populations. Motor vehicle collisions are reported as the most prevalent mechanism of injury, including both children who are passengers in a vehicle involved in a collision as well as those who are pedestrians struck by a vehicle. Other screening tools that have been evaluated include the Memphis, Denver, and Utah screening tools.

Note 2. For patients still present in the emergency department requiring emergent resuscitation, a trauma team activation may be called as appropriate according to the [criteria](#).

Note 3. Liberal use of CT angiogram to detect BCVI in children is not recommended in order to reduce the carcinogenic effects of ionizing radiation. Dose reduction techniques should always be used for imaging studies in children. CT angiogram should be obtained only in consultation with a neurosurgery attending.

References

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