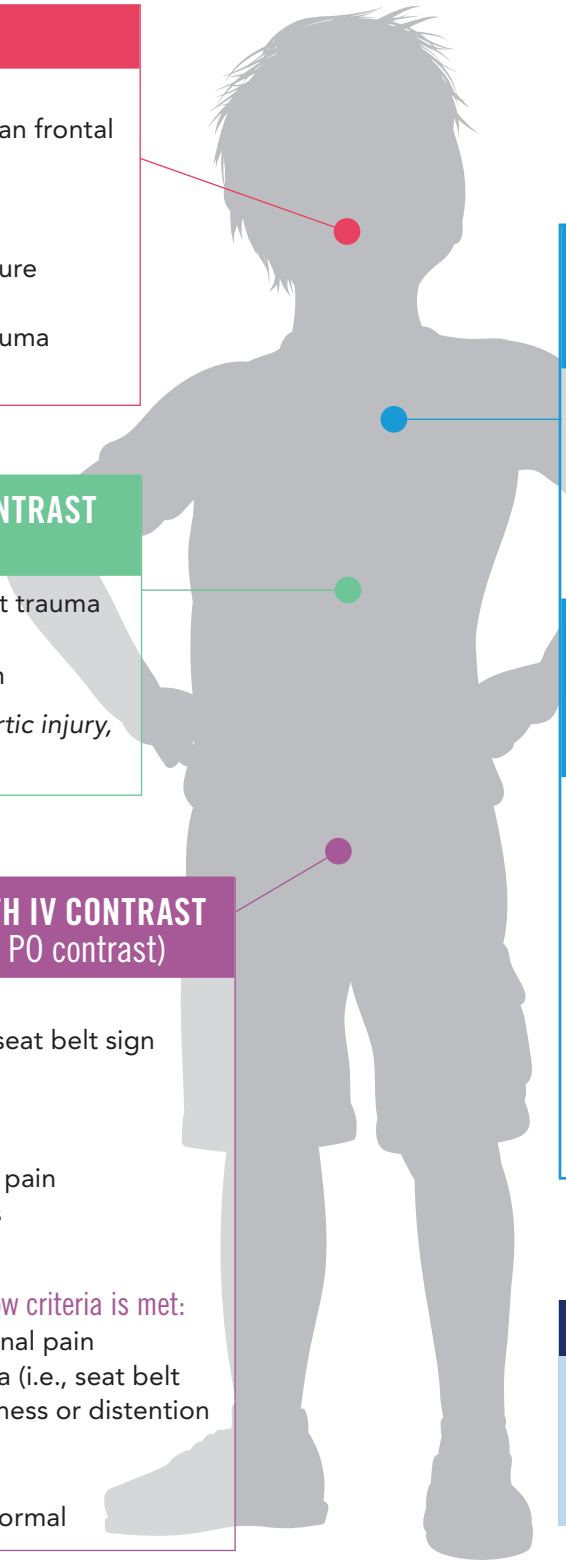
Children's MINNESOTA

Level I Pediatric Trauma Center

PEDIATRIC TRAUMA IMAGING GUIDE

CONSIDER HEAD CT

- Altered mental status
- Scalp hematoma other than frontal
- Loss of consciousness
- Severe injury mechanism
- Palpable skull fracture
- Signs of basilar skull fracture
- Vomiting
- Severe headache with trauma mechanism



IF UNABLE TO CLINICALLY CLEAR CERVICAL SPINE USING NEXUS CRITERIA:

- CT C-spine
- If any imaging finding is positive or neurological deficit is present, contact pediatric neurosurgeon for further recommendations

CHEST CT WITH IV CONTRAST IS INDICATED

- External signs of chest trauma
- Abnormal CXR
- High force mechanism

If strong suspicion of aortic injury, consider CTA.

IF PATIENT FULFILLS MCGOVERN CRITERIA FOR BLUNT CEREBRO-VASCULAR INJURY, OBTAIN CT ANGIOGRAM

McGovern Criteria:

- High impact mechanism of injury
- GCS ≤ to 8
- Focal neurological deficit
- Base of skull fracture with involvement of the carotid canal
- Base of skull fracture with involvement of petrous temporal bone
- Cerebral infarction on CT

CT ABDOMEN/PELVIS WITH IV CONTRAST IS INDICATED (Do not give PO contrast)

- Positive FAST
- Abdominal wall bruising/seat belt sign
- GCS < 14
- Abdominal tenderness
- Thoracic wall trauma
- Complaints of abdominal pain
- Decreased breath sounds
- Vomiting

Avoid Abdominal CT if the below criteria is met:

- No complaints of abdominal pain
- No abdominal wall trauma (i.e., seat belt sign, ecchymosis), tenderness or distention
- CXR is normal
- AST is < 200
- Pancreatic enzymes are normal

Always use dose reduction techniques.

CHILDREN'S PHYSICIAN ACCESS

YOUR ONE CALL, 24/7 RESOURCE

866-755-2121

referrals • consultations • admissions • transport

SOURCES: Pediatric Trauma Imaging guidelines, The Children's Hospital at OU Medical Center; Identifying Children at Very Low Risk for Blunt Intra-Abdominal Injury in Whom CT of the Abdomen Can Be Avoided Safely. Streck, Christian J. et al; American College of Surgeons, 2017, pages 449–458; Vol. 224, No. 4, April 2017; ACS TQIP Best practices guidelines in imaging

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