

**Blunt Trauma Imaging— Pediatric
Clinical Practice Guideline**

	Age 0 up to <2	Age 2 up to <10	Age 10 up to <16
Head CT	<p><u>Absolute indications</u> GCS < 15 Palpable skull fracture Altered mental status (<i>agitation, somnolence, slowness, perseveration</i>)</p> <p><u>Relative indications</u> Scalp hematoma (<i>other than frontal</i>) LOC > 5 seconds "Not acting normal" per parents Severe MOI (<i>fall > 3ft, MVC with ejection or rollover or fatality, pedestrian struck, bicycle vs MV without helmet, struck by high impact object (e.g. TV)</i>)</p>	<p><u>Absolute indications</u> GCS < 15 Signs / sx of basilar skull fracture Altered mental status (<i>agitation, somnolence, slowness, perseveration</i>)</p> <p><u>Relative indications</u> Emesis LOC Severe headache Severe MOI (<i>fall > 5ft, MVC with ejection or rollover or fatality, pedestrian struck, bicycle vs MV without helmet, struck by high impact object</i>)</p>	
Cervical Spine Imaging	<p><u>Indications:</u> GCS < 14 Neurologic deficit Midline tenderness Motor vehicle crash Fall > 10ft Non-accidental trauma</p> <p><u>Studies:</u> Obtain 2-view plain images. If obtaining head CT, extend scan to include C3</p>	<p><u>Indications:</u> GCS < 14 Neurologic deficit Midline tenderness Motor vehicle crash Fall > 10ft Non-accidental trauma</p> <p><u>Studies:</u> Obtain CT cervical spine</p>	
Chest CT	<u>Rarely indicated,</u> with abnormal chest x-ray	<p><u>Indications:</u> High energy mechanism OR Abnormal mediastinum on CXR</p>	
Abdomen/Pelvis CT	<p><u>Indications:</u> Abnormal CXR indicating abdominal problem Abdominal pain or tenderness Abnormal FAST exam Seat belt sign</p>		
Thoracic/Lumbar Spine Imaging	<p><u>Indication:</u> Pain or tenderness on exam</p> <p><u>Studies:</u> Obtain recons from CT chest and/or abdomen if they were performed. If none, then 2-view plain images only</p>		