Blunt Pediatric Trauma Imaging Guideline

	Age 0 up to <2	Age 2 up to <10	Age 10 up to <18
	If non accidental trauma is suspected, follow NAT Guideline		
Head CT	**Absolute Indication – High Risk** GCS <15 Palpable skull fracture AMS (agitation, somnolence, slowness, perseveration) **Relative Indications – Intermediate Risk** Scalp hematoma (excluding frontal) LOC >5 seconds "Not acting normal" per parents Severe MOI (fall >3ft, MVC with ejection or rollover or fatality, pedestrian struck, bicycle vs car without helmet, struck by high impact object)	**Absolute Indication – High Risk** GCS <15 Signs of basilar skull fracture AMS (agitation, somnolence, slow response, repetitive questions) **Relative Indications – Intermediate Risk** Vomiting + LOC Severe headache Severe MOI (Fall >5 ft, MVC with ejection or rollover or fatality, bike/ped vs vehicle w/o helmet, struck by high impact object)	
Cervical Spine Imaging	**Indications**: GCS <14 Neurologic deficit Midline tenderness MVC Fall >10 ft Distracting Injuries Studies: Obtain 2-view plain images. If obtaining head CT, extend scan to include C3		**Indications**: GCS <14 Neurologic deficit Midline tenderness MVC Fall >10 ft Distracting injuries Intoxicated Studies: Obtain CT cervical spine
Chest CT	**Rarely indicated**, with abnormal chest x-ray		**Indications**: High energy mechanism OR abnormal mediastinum on CXR
Abdomen/Pelvis CT	**Indications**: Abnormal CXR indicating abdominal problem Abdominal pain or tenderness Abnormal FAST exam Seat belt sign		
Thoracic/Lumbar Spine Imaging	**Indication**: Pain or tenderness on exam Studies: Obtain recons from CT chest and/or abdomen if they were performed. If none, then 2 view plain images only		

References:

Pediatric Emergency Care Applied Research Network (PECARN)Pediatric Head Injury/Trauma Algorithm

Cincinnati Children's Trauma Services Guidelines trauma.pemcincinnati.com