

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

	Age 0 up to 2	Age 2 up to 10	Age 10 up to 16
Head	<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 (2-view plain images only)	<p>GCS < 14 Neurologic deficit Midline tenderness Motor vehicle crash Fall > 10ft Non-accidental trauma <i>(If obtaining head CT, extend scan to include C3)</i></p>		<p>GCS < 14 Neurologic deficit Midline tenderness Motor vehicle crash Fall > 10ft Non-accidental trauma <i>(add odontoid view for all)</i></p>
Chest CT	Never indicated		High energy mechanism AND Abnormal mediastinum on CXR
Abdomen/Pelvis CT	Abnormal CXR indicating abdominal problem Abdominal pain or tenderness Abnormal FAST exam		
Thoracic/Lumbar Spine (2-view plain images only)	Pain or tenderness on exam		