

# STATE OF WISCONSIN PEDIATRIC TRAUMA IMAGING GUIDELINES FOR BLUNT TRAUMA

(This guideline is not meant for Child Abuse Investigation)

## CONSIDER HEAD CT (PECARN Data)

### Less than 2 yrs

Altered mental status, GCS 14  
Loss of Consciousness > 5 second  
Non-frontal scalp hematoma  
Palpable skull fracture  
Not acting normal according to family  
Severe mechanism of injury\*

### 2yrs and older

Altered mental status, GCS 14  
History of loss of Consciousness  
Vomiting  
Signs of basilar skull fracture  
Severe headache  
Severe mechanism of injury\*

\* **Severe mechanism of injury** defined as one of the following:  
MVC with rollover or passenger ejection  
pedestrian or bicyclist without helmet struck by motor vehicle  
fall greater than: 3 feet less than 2yrs  
5 feet 2yrs and older  
head struck by high-impact object (e.g., baseball, golf club)

## CONSIDER CERVICAL SPINE

### Less than 3 yrs

- Obtain plain cervical spine x-rays (Anterior/Posterior/and Lateral views)

### 3 yrs and older

- Obtain plain cervical spine x-rays (Anterior/Posterior, Lateral and Odontoid views)

- If concerns, keep in cervical collar and contact your closest pediatric trauma center.

## CONSIDER CHEST X-RAY

Obtain a Chest x-ray

If concern for cardiothoracic trauma and/or an abnormal chest radiograph, contact your closest pediatric trauma center.

## CONSIDER ABDOMEN/PELVIS CT

(If unable to obtain IV access for contrast please contact closest pediatric trauma center)

**Imaging:** Positive FAST in hemodynamic stable patients

**Labs:** Increased AST/ALT >200/125

### Physical Findings:

- Abdominal wall bruising/seat belt sign
- Abdominal tenderness/pain/concern for peritonitis
- Thoracic wall trauma
- Vomiting
- Hematuria

\* If there is a concern for a collecting system injury please obtain a 5 minute delay images.

Please avoid the pan scan, contact your nearest pediatric trauma center prior to imaging if transfer is clear.