

STATE OF WISCONSIN PEDATRIC 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.