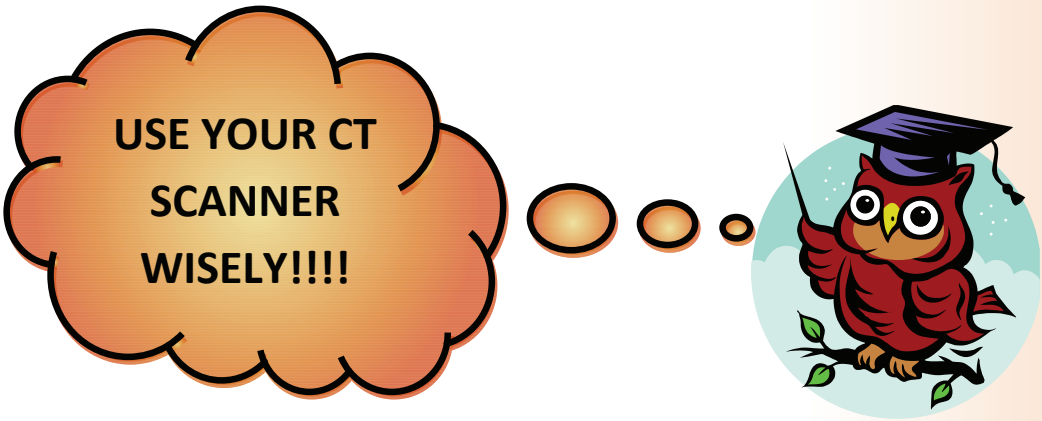
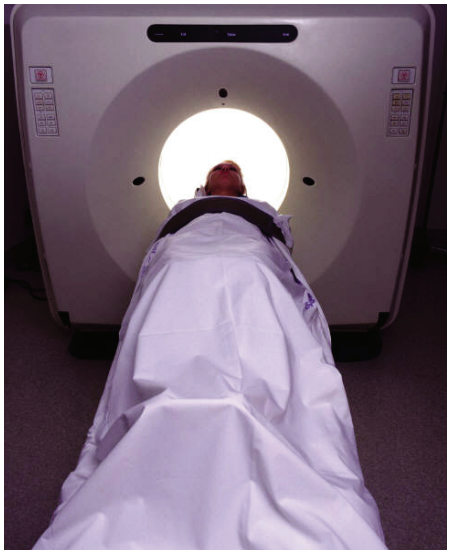
CT Scanning The Patient





"SAFE SCANNING PEARLS"

- Imaging Should NOT Delay Transfer
- Limit Pediatric Imaging

Recommendations for CT scanning at Level IV and V Trauma Centers

- **Imaging SHOULD NOT delay transfer to definitive care**
- **Limit imaging in PEDIATRIC patients: the lifetime risk of radiation associated cancers INCREASES by 1% for EACH CT SCAN a child younger than 14 is exposed to.**

When should we image the BRAIN at Level IV and V Trauma Centers (Adults/Pediatrics)?

Decision checklist for appropriate BRAIN CT:

1. GCS 13-15? Y ❑ N ❑
2. Loss of Consciousness? Y ❑ N ❑
   - Possible or Confirmed LOC
   - M.O.I commonly associated with Traumatic Brain Injury
3. There are NO identified injuries present, that will require transfer? Y ❑ N ❑

If "YES" to all above, CT of the brain can be considered

No Oral Contrast - Always Use IV Contrast.

CT CHEST

Not recommended unless Chest X-ray (CXR) is abnormal!

- CXR will identify ALL immediately life threatening chest problems
- CXR also gives a much lower radiation dose to the patient

CT Abdomen/Pelvis Checklist

Hypotensive	Y ❑	N ❑
Intubated	Y ❑	N ❑
Transfer Indicated	Y ❑	N ❑

If "YES" to any of the above, CT NOT INDICATED