

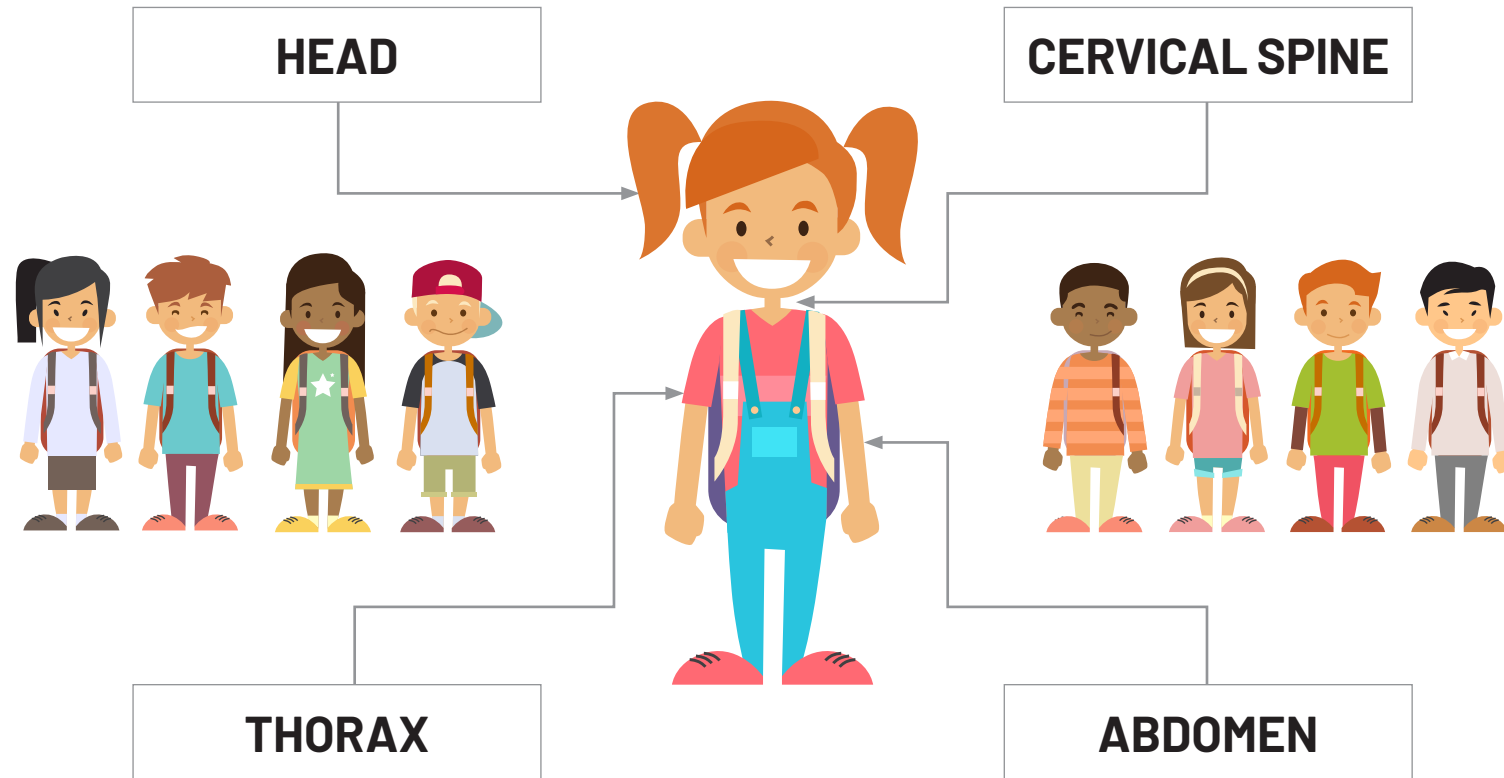
BEST PRACTICES IN PEDIATRIC TRAUMA IMAGING



EIIC
EMSC Innovation and
Improvement Center

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Imaging in Stable Pediatric Trauma



Identification of patients requiring transfer to Pediatric Trauma Center early

- For patients who have an identified indication for transfer, do not delay transfer to Pediatric Trauma Center (PTC) while awaiting CT
- Discuss with PTC if CT scans should be obtained while waiting for transport
- CT of thorax, abdomen/pelvis must be with IV contrast
- Utilize pediatric-specific dosing for all imaging studies

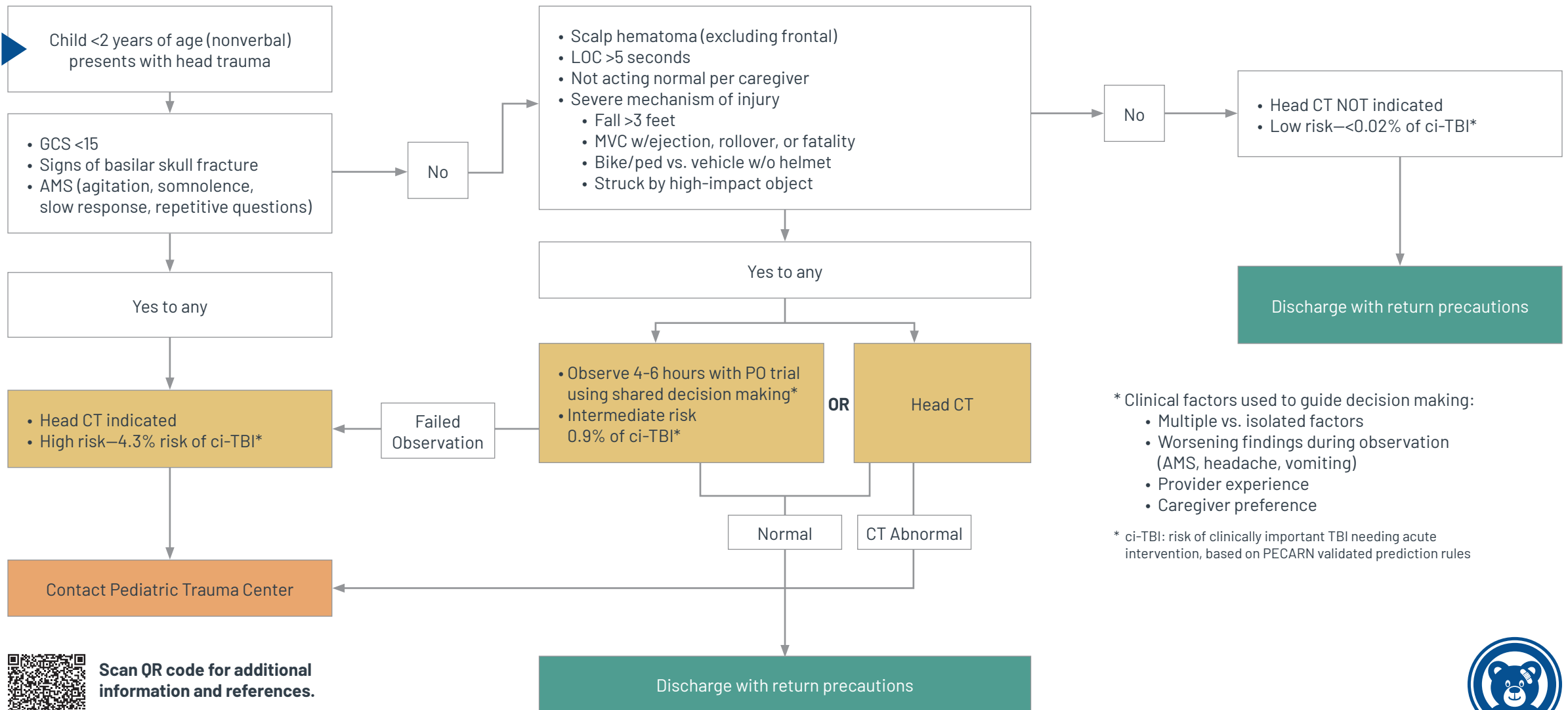
Routine whole body CT (WBCT) should NOT be routinely undertaken in pediatric trauma patients.



Pediatric Head Trauma Screening

for children under two years old (nonverbal) with blunt head trauma

<2 Years



- * Clinical factors used to guide decision making:
- Multiple vs. isolated factors
 - Worsening findings during observation (AMS, headache, vomiting)
 - Provider experience
 - Caregiver preference

* ci-TBI: risk of clinically important TBI needing acute intervention, based on PECARN validated prediction rules



Scan QR code for additional information and references.

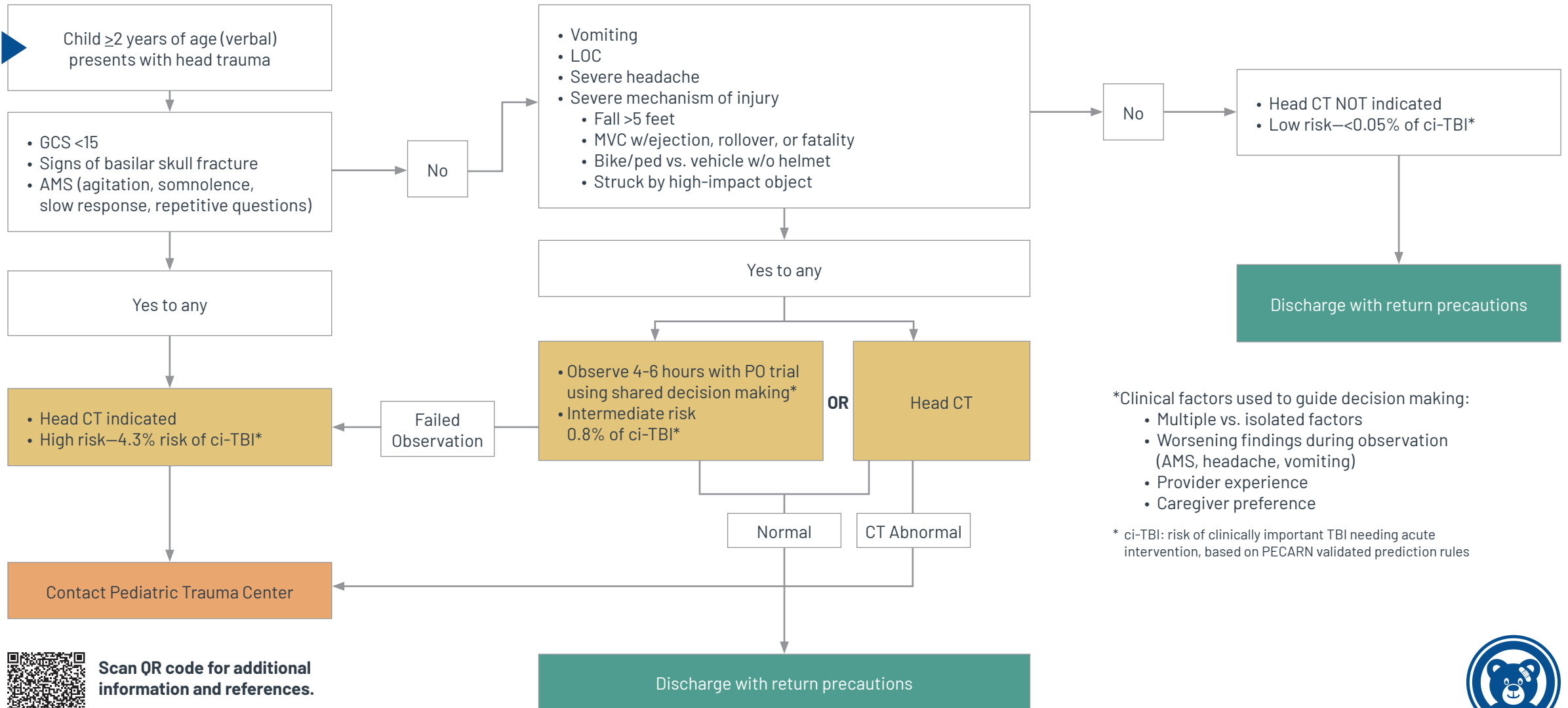
Algorithm is not intended for suspected child physical abuse.



Pediatric Head Trauma Screening

for children two years and older (verbal) with blunt head trauma

≥2 Years



*Clinical factors used to guide decision making:

- Multiple vs. isolated factors
- Worsening findings during observation (AMS, headache, vomiting)
- Provider experience
- Caregiver preference

* ci-TBI: risk of clinically important TBI needing acute intervention, based on PECARN validated prediction rules

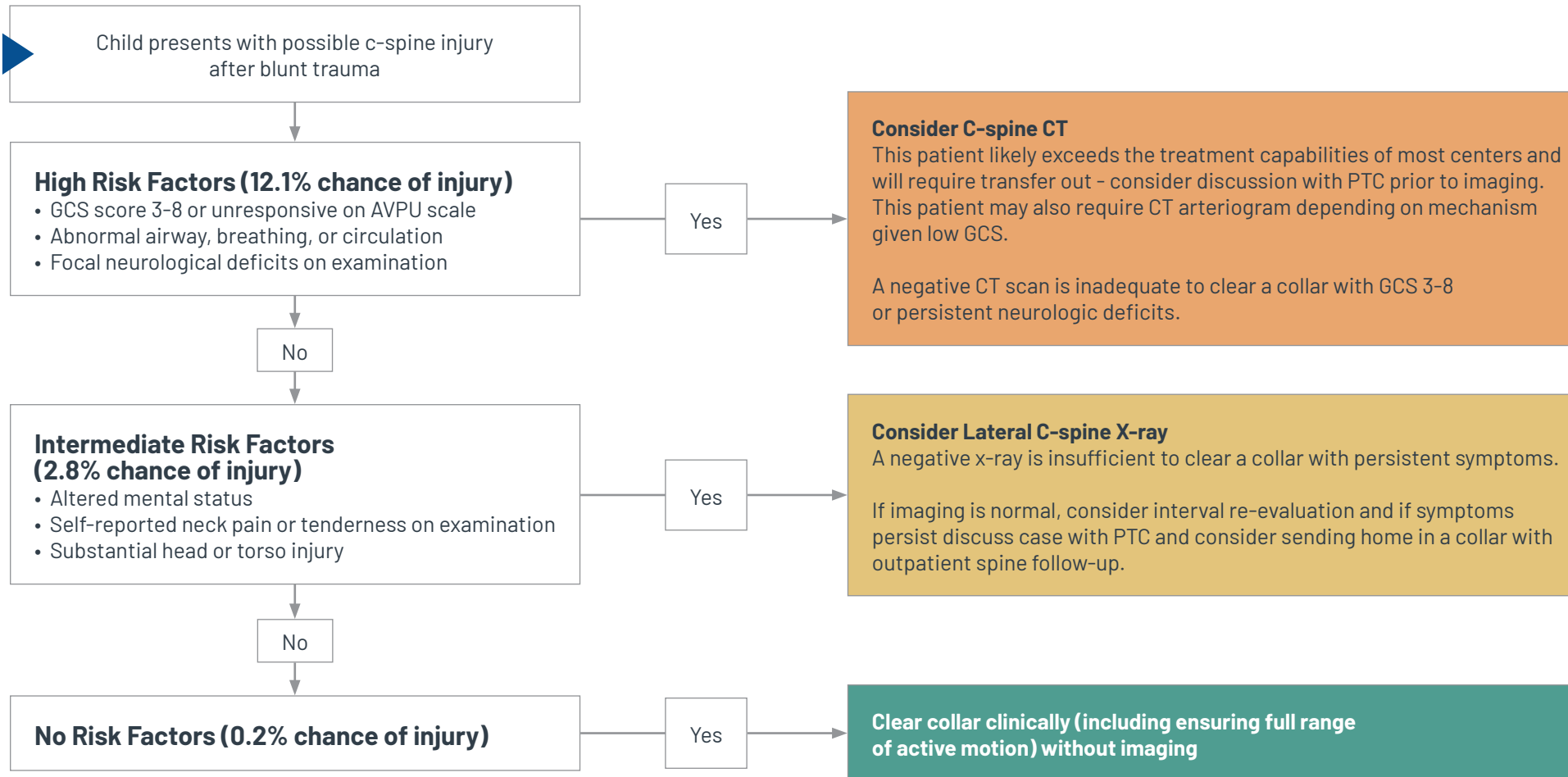


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Pediatric Cervical Spine Injury Screening



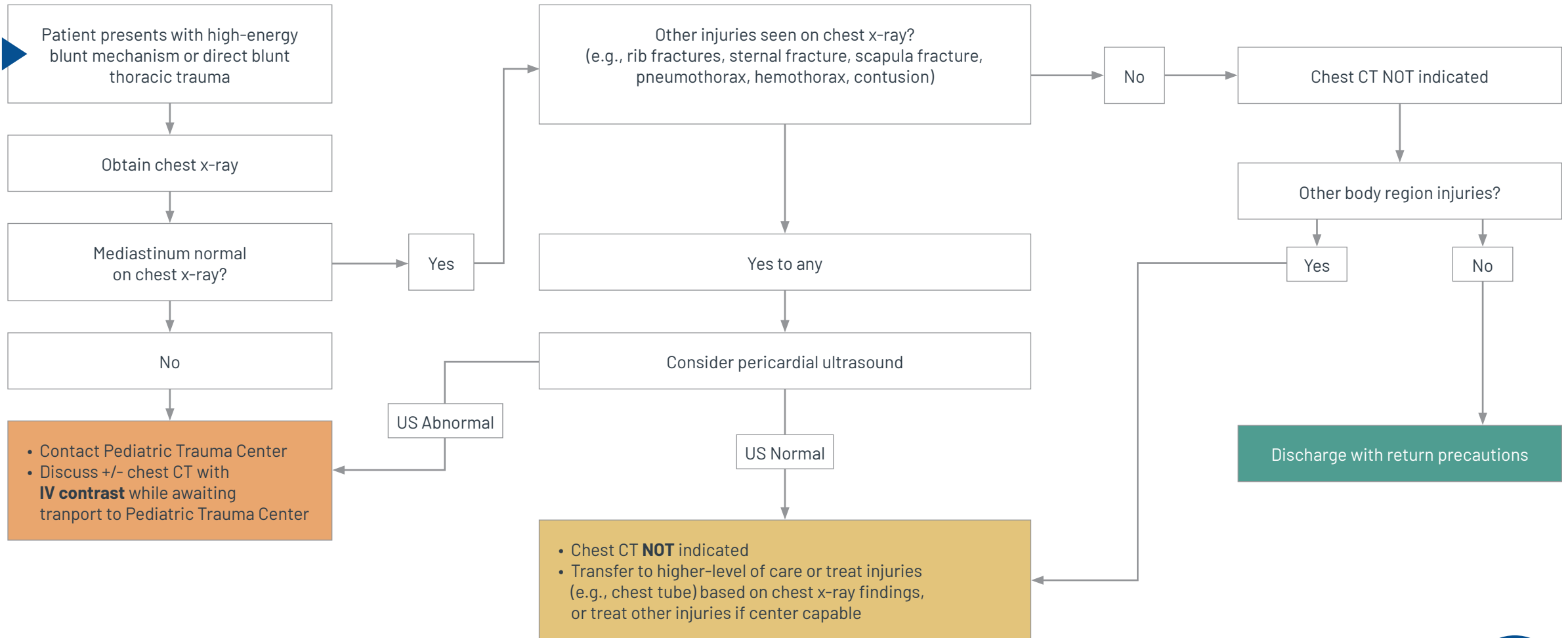
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Pediatric Blunt Thoracic Trauma Screening

for patients with high-energy blunt mechanism or direct blunt abdominal trauma



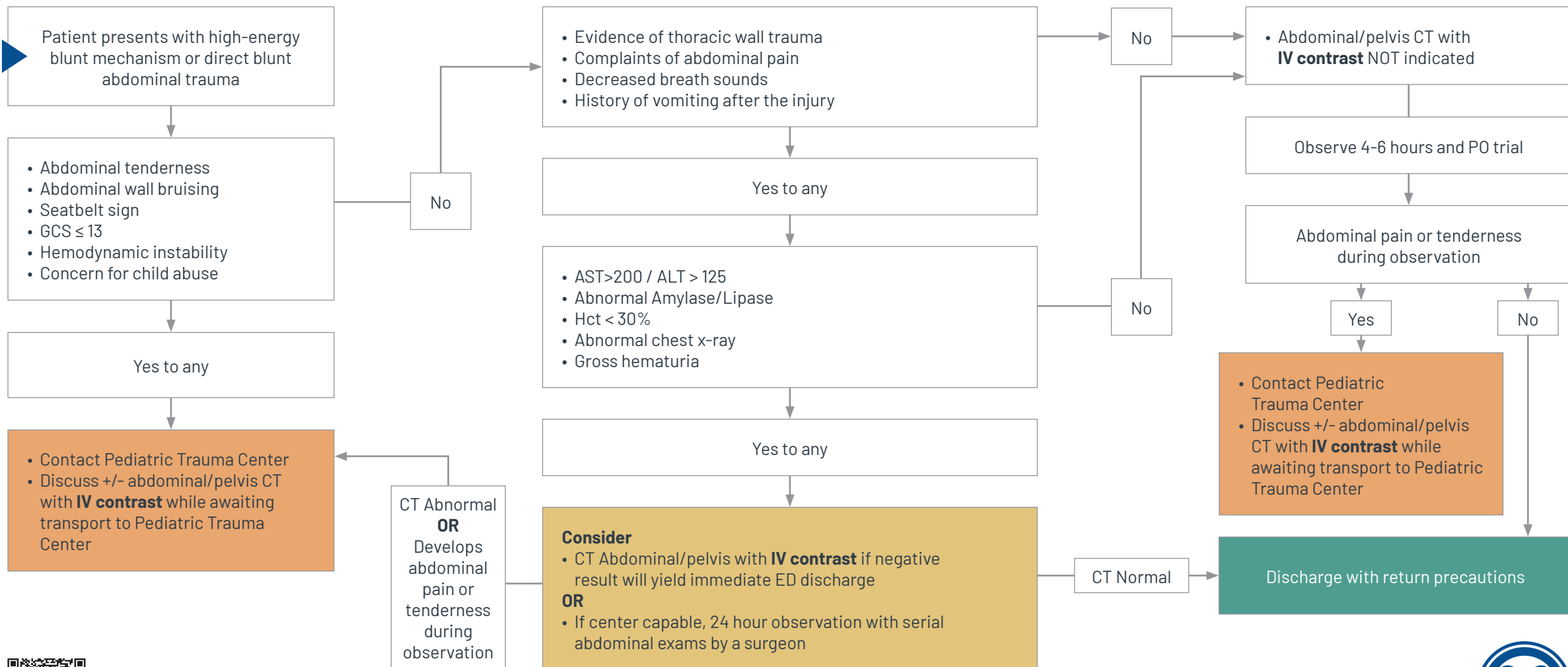
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Pediatric Blunt Abdominal Trauma Screening

for patients with high-energy blunt mechanism or direct blunt abdominal trauma



Scan QR code for additional information and references.

Algorithm is not intended for suspected child physical abuse.

• FAST is unreliable in hemodynamically normal children and should not be used to rule out intra-abdominal injury or lead to an abdominal/pelvis CT with IV contrast in an asymptomatic child.

