

TRAUMA IMAGING

SCANS AND WHEN TO GET THEM



What is a PAN SCAN?



**CT Head
(non-con)**



**CT Spine
(non-con)**



**CT Chest
(arterial)**



**CT Abdo-
Pelvis
(venous)**

Imaging for blunt cerebral vascular injury

If any one of the below
Expanded Denver Criteria

Signs & Symptoms	<ul style="list-style-type: none"> arterial hemorrhage from neck, nose, or mouth cervical bruit in patients <50y expanding cervical hematoma focal neurologic deficit (TIA, hemiparesis, vertebrobasilar symptoms, Horner syndrome) neurologic exam incongruous with head CT findings stroke on CT or MRI
Risk Factors	<ul style="list-style-type: none"> Le Fort II or III midface fracture Mandible fracture Complex skull fracture/basilar skull fracture/occipital condyle fracture Severe TBI with GCS <6 C spine fracture, subluxation or ligamentous injury Near hanging with anoxic brain injury Seatbelt abrasion with significant swelling, pain or AMS TBI with thoracic injury Scalp degloving Thoracic vascular injury Blunt cardiac rupture Upepr rib fracture

CTA Head and Neck



Imaging for renal injury

Renal	Bladder	Urethra
<ul style="list-style-type: none"> Penetrating abdomen Blunt trauma + <ul style="list-style-type: none"> Gross hematuria Microscopic hematuria + hypotension High risk mechanism (rapid decel, low rib/pelvic #, direct contusion) 	<ul style="list-style-type: none"> Penetrating pelvis Blunt trauma + <ul style="list-style-type: none"> Gross Hematuria Microscopic hematuria + pelvic rim or obturator # 	<ul style="list-style-type: none"> Blood @ meatus Scrotal hematoma Inability to void

**Delayed Phase
CT Abdo**

**Retrograde CT
cystogram**

**Retrograde
urethrogram**

Imaging for Extremity Vascular Injury

Hard Signs	Soft Signs
<ul style="list-style-type: none"> Pulse deficit (after reduction) Pulsatile bleeding Bruit or thrill Expanding hematoma 	<ul style="list-style-type: none"> Nonexpanding hematoma Neurologic deficit Diminished pulse Proximity to fracture, dislocation or penetrating wound

Penetrating

Blunt

→ CTA Extremity

**Operative
Exploration**

Other Scans
PRN

1. CT Facial Bones if concern for facial injury
2. CT abdo w/ rectal or oral contrast if concern for retroperitoneal hollow viscus injury
3. CT pelvis with arterial phase if vascular pelvic injury based on venous phase or known pelvic