State of Wisconsin
Pediatric 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 sec.
• Non-frontal scalp hematoma
• Palpable skull fracture
• Non-normal behavior according to family
• Severe mechanism of injury*

2 yrs 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:
• MVC with rollover or passenger ejection
• Pedestrian or bicyclist without helmet struck by motor vehicle
• Fall greater than 3 feet for less than 2 yrs old, greater than 5 feet for 2 yrs 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 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 concern for a collecting system injury, please obtain a 5-min. delay images.

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.

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