

TRAUMA RADIOLOGY PRACTICE GUIDELINES

IN THE EMERGENCY DEPARTMENT

Given the appropriate history, mechanism of injury and physical examination findings:

A. PRIMARY SURVEY X-RAYS

CXR films should be obtained for all major trauma.

AP PELVIS for:

- obtunded patients
- pelvis tenderness
- physical finding of dislocation
- hemodynamic instability

B. SECONDARY SURVEY X-RAYS

1. **CT TRAUMAGRAM** (head, occiput to T1 chest including aortic arch, abdomen, and pelvis) should be obtained for hemodynamically stable blunt trauma patients with: a) an abnormal neurologic exam, history of LOC or post-traumatic amnesia, b) unreliable or abnormal abdominal exam, c) question of aortic arch injury on CXR, or d) distracting injuries.

2. **FACIAL CT** will not be done at the time of the initial CT traumagram without the approval of the trauma attending. Face CT will be obtained only after patient stabilization, only by request of the consulting maxillofacial trauma service. Coronal CT scans are not obtainable in patients with cervical spine collars in place; in such patients, axial CT's with coronal reconstruction are acceptable.

3. **EXTREMITY** films should be obtained for: a) pain/deformity/crepitus, or b) abnormalities in the neurovascular exam.

4. **CYSTOGRAPHY**: Gross hematuria associated with pelvic fractures requires 2 shot cystography with 300 ml of contrast (full and post-emptying). Abdominopelvic CT scan is the method of choice for evaluating blunt renal trauma.

5. MRI

- brain
- spinal cord – any neurologic change in exam

6. **Outside CT** → repeat traumagram

IN-HOUSE PATIENTS

1. CXR's should be obtained in the ICU only for a) definitive clinical suspicion of an abnormality, b) evaluation following an invasive procedure, or c) chest tube followup. **“Routine” daily portable CXR’s are not indicated.**
2. Tube feedings should NOT be started until the position of the feeding tube has been confirmed by KUB. This **does not** apply to surgically or endoscopically placed tubes unless there is reason to question the location.

LEVEL II TRAUMAS:

If patient is to be consulted by ED to trauma service → needs full traumagram.