

## South West London & Surrey Trauma Network

### Pan Network Policy for Major Trauma CT (ADULT & PAEDIATRIC)

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#### **Introduction.**

Following major trauma as suggested by mechanism or injury pattern the 'gold standard' Pan CT has become the standard approach after the primary survey.

A Major Trauma CT images the Head, Spine, Chest, Abdomen, Pelvis and often the long bones. It may be supplemented with contrast so providing a CT angiogram at the same time as the first CT.

#### **Paediatric considerations:**

Pan CT is a significant radiation dose. Careful consideration must be given to its use in the paediatric population. Local expertise and advice must be sought from the radiology department to plan the best imaging for children.

#### **Mechanism suggestive of Need for Pan CT**

- Road Traffic Collision with Ejection or Fatality or Entrapment >30 mins or combined impact speed >30 mph
- Fall > 3 metres
- Crush injury to thorax / abdomen
- Blast injury
- Gunshot wounds
- Injuries spanning 2 body regions

Elderly trauma patients may need a higher level of scanning than would normally be associated with their mechanism. Consider early advanced imaging in this group.

#### **Reporting timeframe:**

An initial 'hot report' should be transcribed in the notes at the time of CT. this is best achieved by direct liaison between the team leader and the radiologist.

A formal written report should be available within 1 hour of the scan.

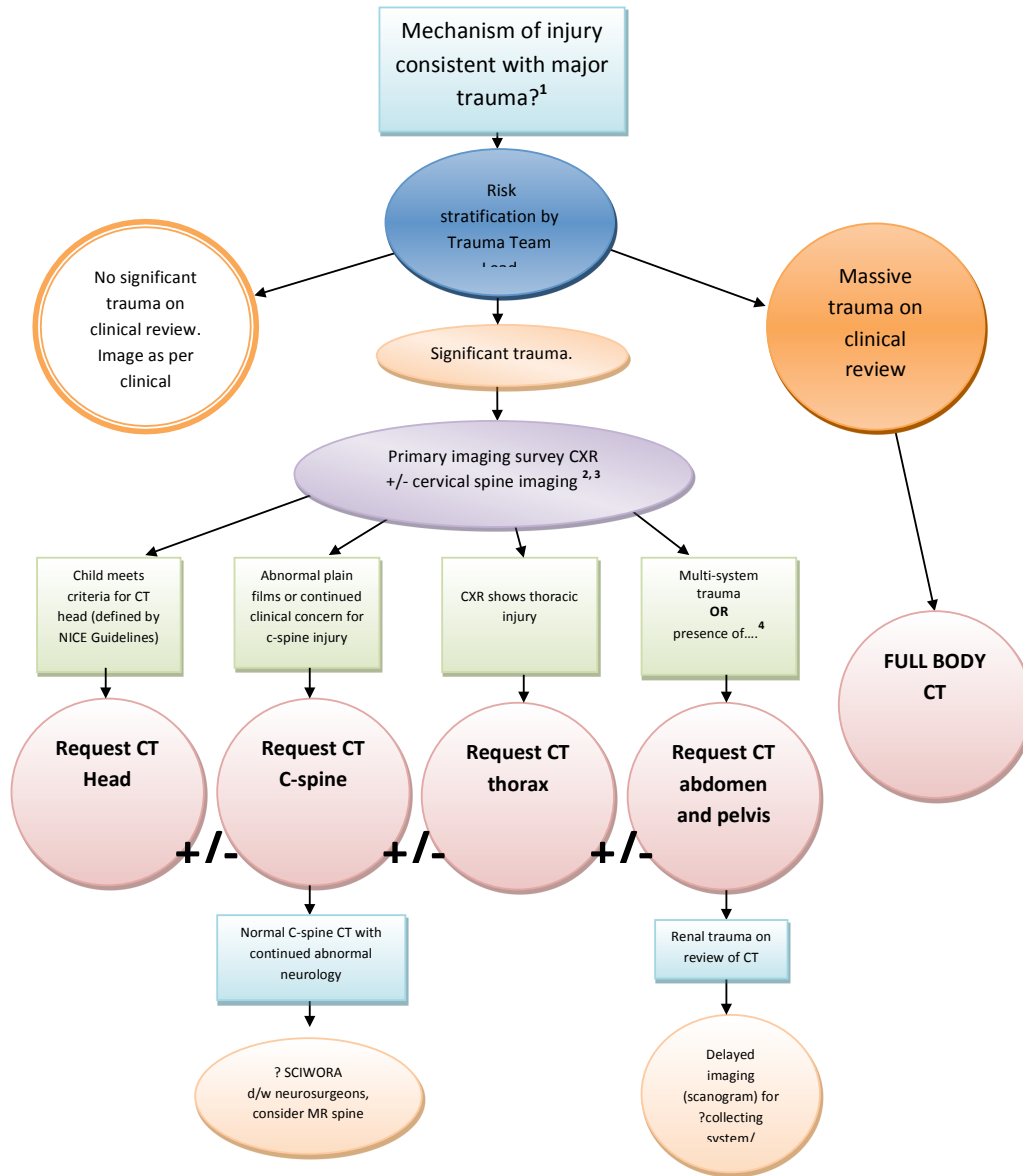
#### **See also:**

Network Policy: Image Transfer,  
Paediatric Trauma Imaging Flowchart-see below

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## Paediatric Major Blunt Trauma Imaging Flow Chart

(Based on the National Imaging Guidelines for Paediatric Major Blunt Trauma – BSPR/RCR: in print)



**Notes:**

1. Mechanism consistent with major trauma include, but are not limited to:  
Road traffic collision (RTC) with: Ejection, Combined velocity >30 mph, Fatality same vehicle, Entrapment >30 minutes, Major deformation of vehicle, Motorcyclist or pedestrian hit by vehicle >20 mph  
**OR** Fall > 2 metres **OR** Crush injury to thorax / abdomen / pelvis **OR** Blast injuries **OR** Burns with trauma **OR** Hostile environment with trauma (smoke / fire / water)
2. A primary survey pelvic X-ray is not indicated in the paediatric population
3. If there is suspicion of isolated cervical spine injury plain film radiography is normally sufficient to exclude bony injury (image as per NICE Guidelines for Head and Neck Injury)
4. i. Lap belt injury ii. Abdominal wall ecchymosis iii. Abdominal tenderness iv. Abdominal distension v. Persistent hypovolaemia vi. PR or NG blood

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