

TRAUMATIC INJURY

TOTAL/SELECTIVE BODY CT

High Risk Factors

Suspected fracture in more than one region of the axial skeleton

TOTAL BODY CT

Paraesthesia in Upper or Lower Limbs

Neurological Deficit

Type of injury:

- Distracting
- Hyper-flexion
- Hyper-extension

Over 65 years with spinal or midline tenderness or deformity

Pre-existing Comorbidities or known Spinal Pathology

Abnormal Plain Film Series
TOTAL BODY CT

Plain Films Inadequate

Dangerous Mechanism

- Fall from a height of greater than 3 metres
- Axial load to the head or base of the spine – for example falls landing on feet or buttocks
- High-speed motor vehicle collision
- Rollover motor accident
- Lap belt restraint only
- Ejection from a motor vehicle
- Accident involving motorised recreational vehicles
- Bicycle collision
- Motor cycle collision
- Horse riding accidents

Medium Risk Factors

Mechanism

- Minor Rear-end motor vehicle collision
- Comfortable in sitting position
- Ambulatory at any time since injury
- No midline c-spine tenderness
- Delayed onset of neck pain
- Unable to actively rotate neck 45 degrees left and right

**Consider Plain Film
Consult a Senior ED
Radiographer**

Low Risk

- If they have one of the low risk factors
- And are able to actively rotate neck 45 degrees left and right

Is imaging necessary?

Consider straight to Total or Selective Body CT
(Radiology will decide if it will be a TBCT or Selective CT based on Clinical information given on the request form)

CT Trauma Proforma (Forms not fully completed will be rejected) Total OR Selective Body CT

TOTAL/SELECTIVE BODY CT

Patient Name:				Referrer (PRINT Name):				
DOB: PATIENT LABEL HERE				Grade: (MUST BE completed by ED SpR or Consultant)				
NHS No.:				Tel/Bleep:				
Mechanism of Injury (a least one field MUST be completed)								
RTC	Injury to more than one body part			<input type="checkbox"/> YES	<input type="checkbox"/> NO	Specify body part ONLY :		
	High speed impact			<input type="checkbox"/> YES	<input type="checkbox"/> NO	Specify speed:		
Fall	Injury to more than one body part			<input type="checkbox"/> YES	<input type="checkbox"/> NO	Body parts only: <i>(Details in the Clinical Region of Concern section)</i>		
	Fall from over 1 metre			<input type="checkbox"/> YES	<input type="checkbox"/> NO	Specify Height:		
Assault	Injury to more than 1 body region			<input type="checkbox"/> YES	<input type="checkbox"/> NO	Body parts only: <i>(Details in the Clinical Region of Concern section)</i>		
Other Mechanism	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Specify Mechanism:					
Other Considerations (Fill in ALL fields)								
Reduced GCS with unknown mechanism	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Specify GCS:		Type of spinal Injury <i>(Specify and comment):</i>	<input type="checkbox"/> Hyper flexion	Comment:	
Haemodynamically <i>(Tick Box that applies)</i>	Stable		Unstable			<input type="checkbox"/> Hyper Extension		
					<input type="checkbox"/> Distracting			
Clinical Region of Concern (Include point tenderness and/or clinical signs) – FILL IN RELEVANT SECTIONS						RADIOLOGIST ONLY INITIAL IF SELECTIVE CT		
Head	RAD. INITIAL HERE:			Thorax	RAD. INITIAL HERE:			
C-spine	RAD. INITIAL HERE:			Abdomen	RAD. INITIAL HERE:			
T-Spine	RAD. INITIAL HERE:			Pelvis	RAD. INITIAL HERE:			
L-Spine	RAD. INITIAL HERE:			Other	RAD. INITIAL HERE:			
Clinical Question to be answered								
LMP (11-55yrs)							Cannulated (PINK)	YES / NO
<i>I have reviewed the patient and the clinical information given is correct to the best of my knowledge (ED SpR or Consultant)</i> Signature of Referrer:				Date + Time	Radiology ONLY – Signature required		SELECTIVE CT	TBCT