Pediatric Head Trauma CT Decision Guide
Children younger than 2 years

High Risk – 4.4% risk of ci-TBI*

- GCS < 15
- Palpable skull fracture
- AMS (agitation, somnolence, slow response, repetitive questioning)

Intermediate Risk – 0.9%
- Scalp hematoma (excluding frontal)
- LOC >5 seconds
- Not acting normally per parent
- Severe mechanism of injury
  - Fall > 3 ft
  - MVA w/ejection, rollover, or fatality
  - Bike/ped vs. vehicle w/o helmet
  - Struck by high-impact object

Low Risk – < 0.02%

- < 3 months old

*ci-TBI: risk of clinically important TBI needing acute intervention, based on PECARN validated prediction rules
Pediatric Head Trauma
CT Decision Guide
Children 2 years and older

**High Risk – 4.3% risk of ci-TBI**

- GCS < 15
- Signs of basilar skull fracture
- AMS (agitation, somnolence, slow response, repetitive questions)

**Intermediate Risk – 0.8%**

- Vomiting
- LOC
- Severe headache
- Severe mechanism of injury
  - Fall > 5 ft
  - MVA w/ejection, rollover, or fatality
  - Bike/ped vs. vehicle w/o helmet
  - Struck by high-impact object

YES TO ANY

**Low Risk – < 0.05%**

NO

CT not indicated, Observe

YES

Observation vs. CT using shared decision-making

Clinical factors used to guide decision-making:
- Multiple vs. isolated factors
- Worsening findings during observation (AMS, headache, vomiting)
- Physician experience
- Parental preference

*ci-TBI: risk of clinically important TBI needing acute intervention, based on PECARN validated prediction rules*