

1. INITIAL ASSESSMENT AND RESUSCITATION

D. Trauma & Emergency Medicine Shared Responsibilities

IN THE EMERGENCY DEPARTMENT:

Given the appropriate history, mechanism of injury, and physical examination the following guidelines are followed:

A. Primary Survey X-Rays

1. CXR film should be obtained for all trauma activations
2. AP Pelvis for:
 - a. pelvic tenderness
 - b. physical findings of fracture or dislocation
 - c. hemodynamic instability
 - d. GSW to pelvic area

A. Secondary Survey Imaging Studies

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
 - d. mechanism of injury or physical exam deemed by clinical judgment to support the test
2. EXTREMITY X-rays with multiple views should be obtained for:
 - a. pain/deformity/crepitus
 - b. abnormalities in the neurovascular exam
3. CYSTOGRAPHY: Hematuria associated with pelvic fractures is best evaluated with a CT cystogram, although an X-ray cystogram may be performed with 300 cc of contrast (full and post-void). Abdomino-pelvic CT scan is the method of choice for evaluating blunt renal injury. Patients with high suspicion of renal injury should undergo a CT Urogram to evaluate for collecting system injury - most of this can be addressed in other sections.
4. OUTSIDE CT/ TRANSFERRED PATIENTS: Repeat imaging will be at the discretion of the attending trauma surgeon (TA).

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Date:

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