**CT SCANNING IN THE EVALUATION OF PEDITRIAC ABDOMINAL AND CHEST TRAUMA.**

The following statement is based on a consensus of radiologists, pediatric and trauma surgeons taking care of injured children here in Alaska. It is consistent with best practices followed in other states and at other trauma centers.

CT scanning should be used judicially in injured pediatric patients. When the decision is made to evaluate the torso with CT scanning it is essential to use intravenous contrast for the study.

 Scans without intravenous contrast are difficult to interpret and are often repeated at the accepting facility resulting additional unnecessary radiation exposure.

The use of intravenous contrast is safe and does not require delaying the study for evaluation of serum creatinine in children without a history of known renal insufficiency.

Oral contrast is not required and may be used selectively.

**1.ACS TQIP BEST PRACTICES GUIDELINES IN IMAGING**  https://www.facs.org/-/media/files/quality-programs/trauma/tqip/imaging\_guidelines.ashx

**2.** [**Computed Tomography with Intravenous Contrast Is Not Associated with Development of Acute Kidney Injury in Severely Injured Pediatric Patients.**](https://pubmed.ncbi.nlm.nih.gov/30760357/)

Paul K M 2nd, Johnson J, Garwe T, Sarwar Z, Motghare P, Daly W, Letton R.Am Surg. 2019 Jan 1;85(1):e1-e5.

**3. Imaging Children with Abdominal Trauma: Pediatric Imaging Review May 2009**, Volume 192, Number 5 Carlos J. Sivit1 American Journal of Roentgenology. 2009;192: 1179-1189. 10.2214/AJR.08.2163