PECARN Pediatric Minor Head Injury CT Guidelines for Children Age 2+ Years GCS <15 **YES TO** Signs of basilar skull **Head CT Indicated ANY** fracture High Risk: 4.3% risk of AMS* (agitation, somnolence, ci-TBI slow response, repetitive questioning) **NO TO ALL** Vomiting LOC Severe headache Severe mechanism of injury YES Observation vs CT using (Fall >5ft, MVA w/ejection, rollover, TO shared decision-making or fatality, bike/ped vs vehicle w/o ANY helmet, struck by high-impact object) Intermediate Risk: 0.8% risk of ci-TBI **NO TO ALL Head CT NOT Indicated** Low Risk: <0.05% risk of ci-TBI Clinical decision-making factors in favor of: **CT** using shared Observation decision-making Isolated symptoms & historical features Vomiting, LOC, severe headache, severe Multiple symptoms mechanism of injury in isolation are NOT Worsening findings associated with increased risk of ci-TBI on observation (AMS, Physician experience headache, vomiting) Parental preference *Post-traumatic seizure IS Consider using Head CT Choice Decision considered to be altered Aid to facilitate shared decision-making mental status (AMS) Kuppermann N, Holmes JF, Dayan PS, et al. Identification of children at very low risk of clinically-important brain injuries after head trauma: a prospective cohort study. The Lancet. 2009;374(9696):1160-1170. MEDIC

