

VCMC/SANTA PAULA HOSPITAL CLINICAL PRACTICE GUIDELINE

Indications for CT Scan Abdomen/Pelvis with IV Contrast and Delayed Films of Upper Tracts in Cases of Suspected Renal Trauma

The contents of this clinical practice guideline are to be used as a guide. Healthcare professionals should use sound clinical judgment and individualize patient care. This CPG is not meant to be a replacement for training, experience, CME or studying the latest literature and drug information.

Following Criteria come from “Urology” Campbell-Walsh, 10th Edition

1. All penetrating trauma patients (GSW or SW’s) with a likelihood of renal injury (injury to abdomen, flank, or low chest) who are hemodynamically stable
2. All blunt trauma with significant mechanism of injury, specifically rapid deceleration as would occur in a motor vehicle accident or a fall from height
3. All blunt trauma with GROSS hematuria
4. All blunt trauma with hypotension defined as a systolic pressure of less than 90 mm Hg at any time during evaluation and resuscitation
5. All pediatric patients with greater than 5 RBC/HPF
6. Trauma cases (as it pertains to GU Tract) with NO hypotension, hemodynamically stable and micro hematuria do not necessarily require imaging but need to be observed

NOTE: Patients who are hemodynamically unstable after initial resuscitation require surgical intervention and should not undergo unnecessary delay for imaging.

Proper management of GU tract trauma requires ACCURATE STAGING of the injury and early documentation of the presence or absence of URINARY EXTRAVASATION. To this end, it is necessary to perform ‘DELAYED IMAGING OF THE UPPER TRACTS’ at 12-15 minutes after IV contrast injection to achieve proper films for accurate staging of upper tract imaging.

Indication for Evaluation of ‘Lower Urinary Tract Injuries’ (Bladder, Urethra) (Only in otherwise hemodynamically stable patient)

1. Gross hematuria in suspected or confirmed pelvic fracture (RUG and Cystogram)
2. Blood observed at tip of penis in presence of pelvic fracture r/o urethral injury (RUG, then Cystogram)
3. Gross hematuria associated with blunt lower abdominal trauma r/o ruptured bladder (Cystogram)
4. Penetrating trauma (GSW or SW) to lower abdomen where bladder injury is suspected in STABLE patient Cystogram, then do CT Abdomen/Pelvis with delayed films as noted above
5. Penetrating trauma (GSW or SW’s) to male external genitalia RUG and/or Cystoscopy