

Appendix E: Reporting Template

History					
(key injury details) Comparisons					
(pertinent prior					
imaging exams,					
with dates &					
location)					
Technique					
(WBCT protocol used)					
Additional	Facial Bones – notes:				
Techniques (optional imaging protocol used)	CTA arch to vertex/skull base – notes:				
	☐ CT Cystogram – notes:				
	☐ Rectal Contrast				
	Oral Contrast				
	CT aortic bifemoral angiogram – notes:				
	CT Extremity – notes:				
Findings					
Head	Assess for: Hemorrhage, mass effect, midline shift (mm), brain herniation, brain				
	injury, skull fractur No Significant	es Yes □	No (elaborate below)		
	Abnormality?	163	Two (classifate sclow)		
	,				
Facial Bones	Assess: Orbits, sinuses, nasal bone/septum, zygomatic arches, pterygoid plates,				
	maxilla, mandible, TMJs, temporal bones, skull base				
	No Significant	Yes 🗌	No 🗌 (elaborate below)		
	Abnormality?				
Cervical Spine			pinal canal narrowing, soft tissue swelling		
	No Significant Abnormality?	Yes 🗌	No [(elaborate below)		
	Abilormality:				
Arch to	Assess: Anrtic arch	carotids V	 B system, COW, dural sinuses or soft tissue injury,		
vertex/skull base	extravasation of contrast				
			-		

	No Significant Abnormality?	Yes 🔝	No [_] (elaborate below)		
Chest	Vascular/Mediastinum: Assess for aortic injury, pneumomediastinum, mediastinal hematoma, pericardial fluid, airway injury <u>Lungs</u> : Assess for lacerations, contusions, masses/nodules, extravasation of contrast <u>Pleura/Diaphragm</u> : Assess for pleural fluid, pneumothorax, diaphragmatic tear <u>Other</u> :				
	No Significant Abnormality?	Yes 🗌	No [(elaborate below)		
Abdomen/Pelvis	Liver/biliary: Asses	s for liver in	 jury, segments involved, hepatic hilum involvement,		
,	biliary or gallbladder dilatation/rupture, extravasation of contrast				
	<u>Spleen</u> : Assess for splenic injury, % spleen involved, hilum involvement, extravasation of contrast, expanding subcapsular hematoma, AV fistula, pseudoaneurysm <u>Pancreas</u> : Assess for pancreas injury, location, ischemia, % involved, extravasation of contrast				
	Renal/Adrenal: Assess for renal/adrenal injury, % kidney involved, hilum involved, extravasation of contrast				
	Peritoneum: Asses	s for free air	or free fluid		
	Bowel Mesentery :	Assess for h	ematoma, occluded mesenteric arteries,		
	extravasation of co				
	Retroperitoneum: Assess for hematoma, vascular injury, duodenal injury,				
	extravasation of contrast <u>Bladder</u> : Assess for free fluid or contrast extravasation in cystogram to indicate bladder rupture, intraperitoneal or extraperitoneal Other:				
	No Significant Abnormality?	Yes 🗌	No [(elaborate below)		
Thoracic	Rib fractures: Asse	Rib fractures: Assess for rib, clavicular, scapular or sternal fractures, flail chest			
Spine/Chest					
Wall/Lumbar	<u>Thoracic and Lumbar Spine</u> : Assess for fracture, dislocation, spinal canal				
Suffic/ Pervic Duries	compromise, paravertebral hematoma				

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	Pelvis: Assess for pelvic fractures, hip joints, SI joints, pubic symphysis				
	No Significant Abnormality?	Yes 🗌	No [(elaborate below)		
CT Extremity	Assess for: extremity bone, joint or soft tissue injury				
	No Significant Abnormality?	Yes 🗌	No [(elaborate below)		
Aortic Bifemoral	Assess for: arterial	injury			
CT Angiogram	No Significant Abnormality?	Yes 🗌	No [(elaborate below)		

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