

**CT Order
Emergency Department**

For Plain Head CT or CT PE / CVA-TIA Protocol

CT Study | Clinical Decision Rule

<input type="checkbox"/> Plain Head CT <small>(requires Canadian CT Head Rule application nor Exclusion)</small>	Minor Head Injury inclusion criteria (Blunt trauma to the head resulting in witnessed LOC, definite amnesia or witnessed disorientation AND initial ED GCS≥13 AND injury within the past 24 hours) Excluded from the rule if: <ul style="list-style-type: none"> <input type="checkbox"/> Not trauma <input type="checkbox"/> GCS <13 <input type="checkbox"/> Age <16 yrs (apply PECARN Rule) <input type="checkbox"/> Anticoagulated or Bleeding D/O <input type="checkbox"/> Open Skull # 	CT Head is recommended if any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> GCS <15 2 hours post injury <input type="checkbox"/> Suspected Open or Depressed Skull # <input type="checkbox"/> Any sign of Basal Skull # <input type="checkbox"/> Age over 65 <input type="checkbox"/> Vomiting 2 or more times <input type="checkbox"/> Amnesia 30 minutes before impact <input type="checkbox"/> Dangerous Mechanism (Pedestrian vs car, MVA with ejection, Fall 3 feet or more)
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<input type="checkbox"/> CT Pulmonary Embolism Protocol Refer to NH PE Assessment Algorithm	If clinical suspicion of a PE, refer to NH ED PE algorithm. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Well's Score Criteria</th> <th style="text-align: left;">Points</th> </tr> </thead> <tbody> <tr> <td>Clinical signs and symptoms of DVT</td> <td><input type="checkbox"/> +3</td> </tr> <tr> <td>PE is #1 diagnosis OR equally likely</td> <td><input type="checkbox"/> +3</td> </tr> <tr> <td>Heart rate > 100</td> <td><input type="checkbox"/> +1.5</td> </tr> <tr> <td>Immobilization at least 3 days OR surgery in the Previous 4 weeks</td> <td><input type="checkbox"/> +1.5</td> </tr> <tr> <td>Previous, objectively diagnosed PE or DVT</td> <td><input type="checkbox"/> +1</td> </tr> <tr> <td>Hemoptysis</td> <td><input type="checkbox"/> +1</td> </tr> <tr> <td>Malignancy w/treatment within 6 months or palliative</td> <td><input type="checkbox"/> +1</td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td>_____</td> </tr> </tbody> </table> <p><small>(PERC rule negative if ALL Parameters are negative: • Age ≥50 • HR ≥100 • O-Sat <95 • Hx of VTE • Hx of trauma or surgery in 4 wks • Hemoptysis • Exogenous Estrogen, and • unilateral leg swelling)</small></p>	Well's Score Criteria	Points	Clinical signs and symptoms of DVT	<input type="checkbox"/> +3	PE is #1 diagnosis OR equally likely	<input type="checkbox"/> +3	Heart rate > 100	<input type="checkbox"/> +1.5	Immobilization at least 3 days OR surgery in the Previous 4 weeks	<input type="checkbox"/> +1.5	Previous, objectively diagnosed PE or DVT	<input type="checkbox"/> +1	Hemoptysis	<input type="checkbox"/> +1	Malignancy w/treatment within 6 months or palliative	<input type="checkbox"/> +1	TOTAL	_____	If Score 0 – 4: PE Unlikely (<12%) Perform D-Dimer first <input type="checkbox"/> CTA indicated if +ve D-Dimer Age _____ D-Dimer Cut-off (mcg/mL) <50 0.5 >50 Age ÷ 100 <hr style="border-top: 1px dashed black;"/> If Score 4.5+: PE likely (37% Risk) <input type="checkbox"/> CTA indicated (regardless of D-Dimer) (consider anticoagulation if results will be delayed)
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<input type="checkbox"/> CT-CTA Arch to Vertex	<input type="checkbox"/> Acute Stroke with active deficits. This requires: 1. Conversation with the Stroke Neurologist (Re: consideration for transfer to stroke center) 2. Completion of the CT stroke CONSENT FORM	<input type="checkbox"/> Moderate, high and very high risk TIA Very High: TIA within 48 hours Moderate / High: TIA 48 hours to 2 weeksv (Refer to 2018 Canadian Heart and Stroke Recommendations)
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All Other CT Requests (cannot be used for Plain Head CT or CTA PE-Protocol)

Describe the requested Study _____

Clinical and Renal History

Clinical History including previous studies and reason for any exclusion from CDRs	Renal History Is there a history of? <input type="checkbox"/> Hx of Diabetes <input type="checkbox"/> Known Kidney Disease <input type="checkbox"/> On Metformin <input type="checkbox"/> None of the above If positive for any of the above eGFR screening is recommended (within 90d or less if likely to have worsened). <ul style="list-style-type: none"> • If eGFR <45, hydrate well pre and post study • If <30, discuss with radiologist re: risks/benefits <input type="checkbox"/> DO NOT delay a life or limb saving CT because of eGFR.
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Ordering Physician Direct Contact for emergent results	<input type="checkbox"/> Vocera <input type="checkbox"/> Telephone: _____
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Telephone Order _____
 Ordering Practitioner, Designation _____ Signature _____ Date/Time (dd/mm/yyyy hhmm) _____

If Telephone Order _____
 Ordering Physician _____ Date (dd/mm/yyyy) _____ Time (hhmm) _____ Read Back



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