**CLEARANCE OF THE PEDIATRIC CERVICAL SPINE**

POPULATION: Patients less than 15 years of age who are being evaluated after blunt trauma.

PURPOSE: To adequately rule out unstable cervical spine injuries while minimizing radiation exposure. The use of cervical CT scans in children can be minimized without missing clinically significant injuries.

Nexus criteria, if met, are sufficient to rule out unstable C-spine injury without further imaging in patients 3-15 years of age

NEXUS CRITERIA:

* Absence of midline tenderness
* No decreased level of consciousness
* No Intoxication
* No distracting injury
* No neurologic deficit
* Painless range of motion

In patients less than 3 years of age, interpretation of NEXUS Criteria may be difficult. The use of the AAST scoring system along with the NEXUS Criteria may help identify additional infants who do not need imaging of the C-spine.

AAST Risk Score:

* GCS < 14 3pts
* GCS (eye) = 1 2pts
* MVC 2 pts
* Age > 2 years 1 pt

A risk score <2 provides a negative predictive value of 99.93%.

Children less than 3 years of age who have a GSC of <14 or have been involved in an MVC need to be imaged.

Children less than 3 years of age who appear to meet the NEXUS criteria with normal GCS and benign mechanism do not need to be imaged.

SPECIAL CONSIDERATIONS:

* Patient getting head CT alone , include C1-C3
* Patient getting torso CT, plain films as indicated by Nexus Criteria

UNCONSCIOUS AND OBTUNDED CHILDREN:

* CT scan of head and c-spine as soon as patient is stable
* MRI, if unconsciousness likely to last greater than 72 hours
* No patients with normal MRI or stable injury on MRI developed unstable injury

