Choosing Wisely Canada
Recommendations for CT Scans

**Head & Neck**

1) Don’t order CT head scans in adults and children who have suffered minor head injuries (unless positive for a head injury clinical decision rule).

2) Don’t routinely obtain neuro-imaging studies (CT, MRI scans, or carotid Doppler ultrasonography) in the evaluation of simple syncope in patients with a normal neurological examination.

3) Don’t order imaging — computer tomography (CT) or magnetic resonance imaging (MRI) — as the initial investigation for patients presenting with a chief complaint of hoarseness.

4) Don’t order a CT to initially investigate macrocephaly (order an ultrasound or MRI).

5) Don’t use CT scans for routine imaging of children with hydrocephalus. Fast sequence non-sedated MRIs or ultrasounds provide adequate information to assess patients without exposing them to radiation or an anesthetic.

6) Don’t routinely order brain neuroimaging (CT or MRI) in first episode psychoses in the absence of signs or symptoms suggestive of intracranial pathology.

**Chest**

1) Don’t use a computed tomography angiogram (CTA) to diagnose pulmonary embolism in young patients, particularly women, with a normal chest radiograph; consider a radionuclide lung study (‘V/Q study”) instead.

2) Don’t perform CT screening for lung cancer among patients at low risk for lung cancer.

3) Don’t perform chest computed tomography (CT angiography) or ventilation-perfusion scanning to evaluate for possible pulmonary embolism in patients with a low clinical probability and negative results of a highly sensitive D-dimer assay.

**Abdomen**

1) Don’t do computed tomography (CT) for the evaluation of suspected appendicitis in children until after ultrasound has been considered as an option.

2) Don’t use abdominal computed tomography (CT) scan to assess inflammatory bowel disease (IBD) in the acute setting unless there is suspicion of a complication (obstruction, perforation, abscess) or a non-IBD etiology for abdominal symptoms.

**Back**

1) Don’t routinely image patients with low back pain regardless of the duration of symptoms unless:
   - there are clinical reasons to suspect serious underlying pathology (i.e., red flags)
   - imaging is necessary for the planning and/or execution of a particular evidenced-based therapeutic intervention on a specific spinal condition.

**Pelvis**

1) Don’t order a routine bone scan and CT scan of the pelvis in men with low-risk prostate cancer.

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