

# 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). [link](#)
- 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. [link](#)
- 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. [link](#)
- 4) Don't order a CT to initially investigate macrocephaly (order an ultrasound or MRI). [link](#)
- 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. [link](#)
- 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. [link](#)

## 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. [link](#)
- 2) Don't perform CT screening for lung cancer among patients at low risk for lung cancer. [link](#)
- 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. [link](#)

## Full Body

- 1) Avoid the routine use of "whole-body" diagnostic computed tomography (CT) scanning in patients with minor or single system trauma. [link](#)
- 2) Don't order test to detect recurrent cancer in asymptomatic patients if there is not a realistic expectation that early detection of recurrence can improve survival or quality of life. [link](#)

## 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. [link](#)
- 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. [link](#)

## 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. [link](#)

## Pelvis

- 1) Don't order a routine bone scan and CT scan of the pelvis in men with low-risk prostate cancer. [link](#)