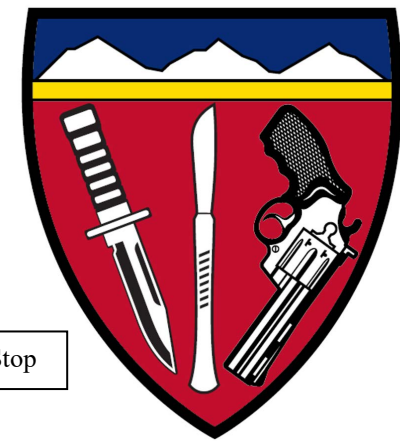
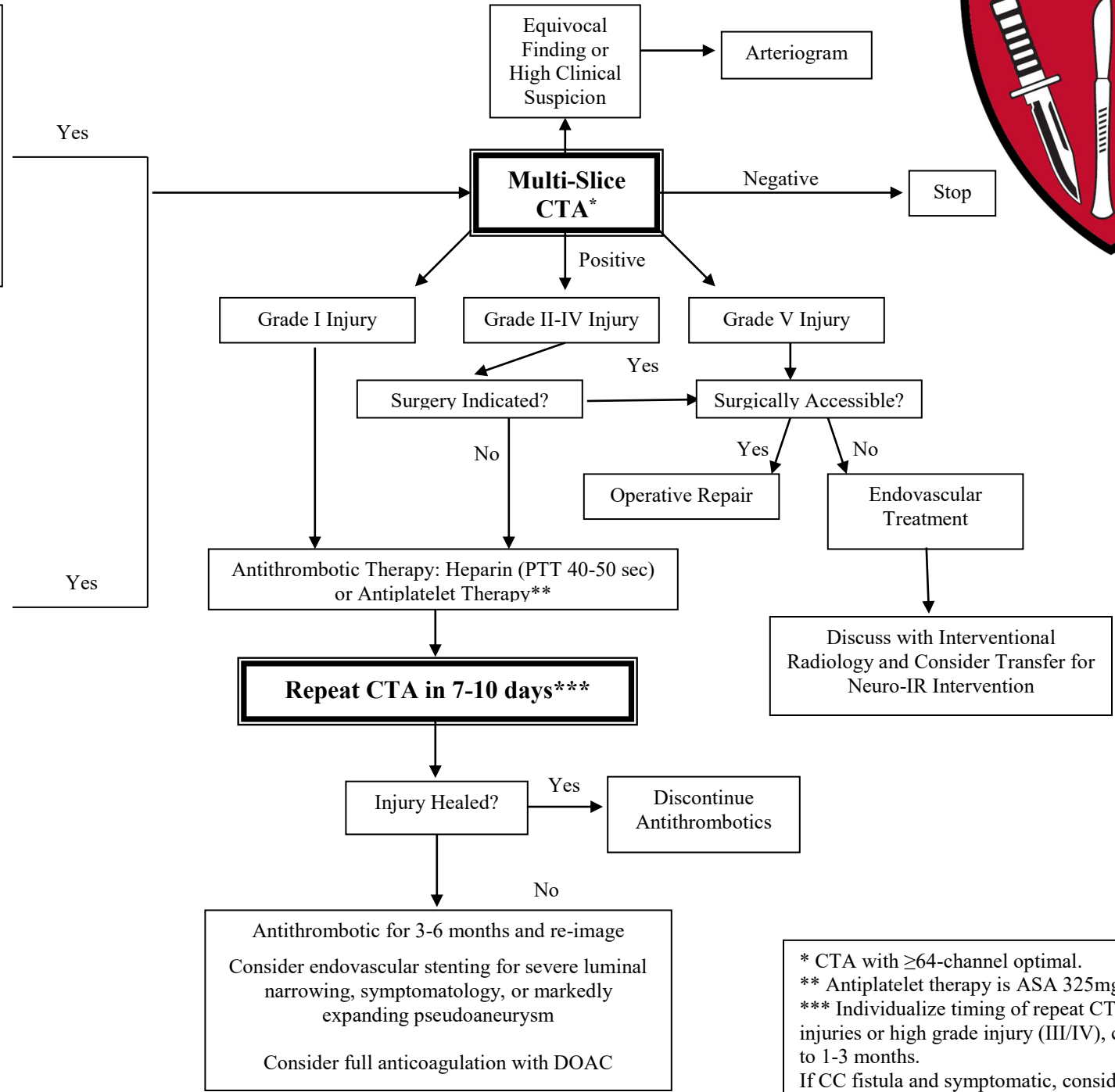


# The Denver Health & Hospital Authority BCVI screening guideline.



**Signs/Symptoms of BCVI**  
 Potential arterial hemorrhage from neck/nose/mouth  
 Cervical bruit in pt < 50 yrs old  
 Expanding cervical hematoma  
 Focal neurologic defect: TIA, hemiparesis, vertebrobasilar symptoms, Horner's Syndrome  
 Neurologic deficit inconsistent with head CT  
 Stroke on CT or MRI

**Risk Factors for BCVI**  
 High energy transfer mechanism  
 Displaced mid-face fracture (LeFort II or III)  
 Mandible fracture  
 Complex skull fracture/basilar skull fracture/occipital condyle fracture  
 Severe Traumatic Brain Injury (TBI) with GCS < 6  
 Cervical spine fracture, subluxation or ligamentous injury at any level  
 Near hanging with anoxic injury/strangulations esp with LOC  
 Clothesline type injury or seat belt abrasion with significant swelling, pain, or altered MS  
 TBI with thoracic injuries  
 Scalp degloving  
 Thoracic vascular injuries  
 Blunt cardiac rupture  
 Upper rib fractures (1-3)



\* CTA with ≥64-channel optimal.  
 \*\* Antiplatelet therapy is ASA 325mg.  
 \*\*\* Individualize timing of repeat CTA: if multiple injuries or high grade injury (III/IV), consider delay to 1-3 months.  
 If CC fistula and symptomatic, consider angiography and endovascular therapy. If asymptomatic CC fistula, reimaging with CTA at 3-4 weeks.