

UAMS MEDICAL CENTER
ACS SERVICES MANUAL

SUBJECT: Rapid Imaging Protocol in Trauma (RIPIT)

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UPDATED: New

EFFECTIVE: 12/15/2022

RECOMMENDATION(S): Dr. J. Margolick

APPROVAL: 12/15/2022

CONCURRENCE(S): Trauma Faculty, Division of Diagnostic Imaging

PURPOSE:

Establish recommendations for use of Rapid Imaging Protocol in Trauma (RIPIT)

RIPIT is an accelerated CT scan, which can be used for Trauma patients. The objective is to minimize the amount of time the patient spends in the CT scanner.

In general, patients appropriate for a RIPIT are those who:

- Do not require immediate operative intervention
- Whose treatment plan would benefit from whole body CT imaging
- Have hemodynamic lability, respiratory distress or are at risk for clinical decompensation.

PATIENT SELECTION:

- Level 1 Trauma patients, with the exception those who meet Level 1 criteria solely due to traumatic brain injury (TBI) or spinal cord injury (SCI)
- Any Trauma patient with hemodynamic lability who does not require emergent operative treatment. Strongly consider RIPIT in patients with the following vital signs on upon arrival to the trauma bay
 - HR > 110 and SBP < 90
 - SBP < 70
 - Requiring > 4 L of Oxygen per NP
 - RR > 22
 - Base Deficit of > 10
 - Patient actively receiving blood product transfusions
 - Decreased LOC with multiple injuries
 - Concern for hemorrhage that will need operative or IR control (Eg., open book pelvic fractures)
 - Physician discretion

RIPIT SCAN

CT non-contrast of head and C spine, followed by CTA of Chest, abdomen and pelvis with portal venous phase of the abdomen and pelvis.

Suitable patients for RIPIT are identified by the Trauma Team and clearly communicated to the CT technician. For now, these patient should be scanned in the GE scanner.

Radiology goals:

These guidelines were prepared by the UAMS ACS Division. They are intended to serve only as a guideline based on current review of the medical literature and practice. They are neither policies nor protocols. Their use is at the discretion of the managing physician.

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- No need to change position of arms
 - Arms are left by the side at all times
 - If possible, elevate the arms to rest above the abdomen to decrease artifacts at the level of the kidney
- Use 150 ml of contrast for the body
 - This increased dose and adding a 15 secondy delay to the portal venous phase will improve the body imaging
- Do NOT do delays of the Kidney and Bladder
- Send Reconstructions quickly
 - GE is automated to do this within 5 minutes
- Be mindful to complete the scan as quickly as possible
- Objective is total time in CT scanner < 12 minutes

Note: CTA head and neck and CTA Aorta with bilateral runofffs can be added to the RIPIT if necessary. However, this will increase time in the scanner