Definition: CT diagnoses based on a combination of reports taken from radiographic CT results within FIRST SEVEN DAYS of Injury.

### CT Status

- **1** - CT Done
- **8** - CT Not Done
- **9** - Unknown (CT Scans / Reports Done, But Unavailable)

### A. EXTENT OF INTRACRANIAL COMPRESSION

**Guidelines:**
- If Shift is > 5 mm, code (4). Include: “Herniation”.
- If shift is < 5 mm, then look for cistern compression.
- If cisterns ARE compressed tight or filled with subarachnoid hemorrhage, code (3).
- If there is no cisternal compression, look for degree of shift.
- If shift is 1-5 mm, or if shift is “mild” or “minimal” code (2).
- If intracranial compression is < 1 mm or ventricles compressed without shift, or if shift is “trace” or “slight” code (1).
- If extent of shift or cisternal compression is not specified, code (5).

**Extent Of Compression**

- **1** - No Visible Intracranial Compression
- **2** - Cisterns Present but Midline Shift is Noted of 1-5 mm
- **3** - Cisterns Compressed or Absent With Midline Shift of 0-5 mm Compression
- **4** - Midline Shift of Greater Than 5 mm
- **5** - Extent Not Specified
- **8** - CT Not Done
- **9** - Unknown

### B. INTRACRANIAL HEMORRHAGE AND / OR CONTUSIONS

**Guidelines:**
- All “probable” diagnoses code as present, all “possible” or “may be present” diagnoses should prompt search in previous and subsequent scans for confirmation. If no confirmation, do not code as present.
- Blood in ambient, basal, interpeduncular cisterns or cisterna magna is subarachnoid hemorrhage.
- Hemorrhagic and no-hemorrhagic (bland) contusions should be included.
- A lesion read as “infarct” should also be coded as a contusion.
- For readings such as "temporal-parietal", “parietal-occipital” or “frontal-parietal” contusions, both locations should be specified.
- Hemorrhage noted along ventriculostomy tract should not be coded as present.

**Intracranial Hemorrhage And / Or Contusions, Extra-Axial Collections**

- **1** - No Visible Pathology
- **2** - Yes, Pathology Exists
- **8** - CT Not Done
- **9** - Unknown

2. Punctate/Petechial Hemorrhages

3. Subarachnoid Hemorrhage

4. Intraventricular Hemorrhage

- **1** - No
- **2** - Yes
- **8** - CT Not Done
- **9** - Unknown

*Section B Continued On Page 2*
### Focal Cortical Parenchymal Contusions Or Hemorrhage In Cerebral Cortex

<table>
<thead>
<tr>
<th>5a</th>
<th>1. Left Frontal</th>
<th>2. Right Frontal</th>
<th>3. Lat. N/S Frontal</th>
</tr>
</thead>
<tbody>
<tr>
<td>5b</td>
<td>1. Left Temporal</td>
<td>2. Right Temporal</td>
<td>3. Lat. N/S Temporal</td>
</tr>
<tr>
<td>5d</td>
<td>1. Left Occipital</td>
<td>2. Right Occipital</td>
<td>3. Lat. N/S Occipital</td>
</tr>
</tbody>
</table>

1 - No; 2 - Yes; 8 - CT Not Done; 9 - Unknown

### Focal Non-Cortical Parenchymal Contusions (Non-Hemorrhagic Or Hemorrhagic) Or Hemorrhage

**Locations for non-cortical contusions include...**
- Basal ganglion (putamen, globus pallidus, caudate).
- Brainstem.
- Centrum semiovale.
- Cerebellum.
- Corpus callosum.
- Internal and external capsules.
- Midbrain.
- Pons.
- Subcortical white matter
- Thalamus.

<table>
<thead>
<tr>
<th>6a</th>
<th>1. Left</th>
<th>2. Right</th>
<th>3. Lat. N/S</th>
</tr>
</thead>
</table>

1 - No; 2 - Yes; 8 - CT Not Done; 9 - Unknown

### Presence Of Any Extra-Axial Collection

- Includes “hematomas” and “hygromas”.
- Hygromas should be classified in the “subdural” category.
- Falcine and tentorial hemorrhages are coded separately below.

<table>
<thead>
<tr>
<th>7a</th>
<th>1. Left Epidural</th>
<th>2. Right Epidural</th>
<th>3. Lat. N/S Epidural</th>
</tr>
</thead>
<tbody>
<tr>
<td>7b</td>
<td>1. Left Subdural (non-falcine)</td>
<td>2. Right Subdural (non-falcine)</td>
<td>3. Lat. N/S Subdural (non-falcine)</td>
</tr>
<tr>
<td>7d</td>
<td>1. Falcine or tentorial subdural</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Falcine or tentorial subarachnoid</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Falcine or tentorial, unspecified location (not specified if subdural or subarachnoid)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 - No; 2 - Yes; 8 - CT Not Done; 9 - Unknown

### C. INTRAPARENCHYMAL FRAGMENTS

- Surgical clips or coils by themselves, code (1).
- If fragments are not mentioned, assume that they are not present and code (1).
- “Minimally displaced” or “non-displaced” skull fractures, code (1).
- Metallic fragments that are extracranial (scalp) will be noted in most radiology reports but would be coded (1) unless also intraparenchymal.
- Code only intraparenchymal fragments present code (2).
- Fractures displaced > 2 mm, code (2).

Intraparenchymal Fragments

1 - No Fragments; 2 – Yes, Fragments; 8 - CT Not Done; 9 - Unknown