



ON-LINE FIGURE. Latest BCVI screening and management guideline⁴ as suggested by Denver Health Medical Center group. Reprinted from: Geddes AE, Burlew CC, Wagenaar AE, et al. Expanded screening criteria for blunt cerebrovascular injury: a bigger impact than anticipated. *Am J Surg* 2016;212:1167-74, with permission from Elsevier.

On-line Table 1: Neck CT angiography protocol for BCVI screening at our institution

Protocol	
Scan range	Aortic arch to the skull base (aortic arch to circle of Willis)
Scan parameters	120 kV and automated milliampere
Contrast	Iopamidol 370 ^a
Contrast dose (depends on eGFR)	100 mL (eGFR > 60) 75 mL (eGFR > 30 ≤ 60)
Injection rate	Followed by 40-mL saline at 4 mL/s
Section thickness	4 mL/s through 18- to 20-ga cannula 3 mm (overlap of 2.5 mm) and 1 × 0.7, sent to 3D workstations

Note:—eGFR indicates estimated glomerular filtration rate.

^aImeron (Bracco, Milan, Italy).

On-line Table 2: Neck MR angiography protocol for BCVI screening at our institution

Protocol	
Position and scan range	Supine, aortic arch to the circle of Willis
Contrast	Gadavist ^a
Contrast dose	0.1 mL/kg (or 0.1 mmol/kg) intravenous
Technique	Axial T1 fat-saturated Axial T2 Axial 2D time-of-flight MRA 3D MRA using a 3D gradient-echo pulse sequence with fat suppression (also sent to 3D workstation)
Injection rate	1.5–2 mL/s
Saline bolus	10 mL at 2 mL/s

^aGadobutrol (Bayer Schering Pharma, Berlin, Germany).