Supplementary Online Content


eAppendix. NEXUS Chest Criteria Definitions

This supplementary material has been provided by the authors to give readers additional information about their work.
**eAppendix: NEXUS Chest Criteria Definitions**

*Chest wall tenderness to palpation (CWT)* is tenderness to palpation of any part of the chest wall or torso (boundaries defined as the upper and lower costal margins circumferentially). The physician should palpate the anterior, posterior, and axillary portions of the torso. Isolated clavicular tenderness does not qualify as CWT, but isolated sternal tenderness does meet this criterion.

*Rapid deceleration mechanism* refers to mechanism of blunt trauma that exerts rapid deceleration force on the patient. Only 1) Fall from a height > 20 feet and 2) Motor vehicle accident at > 40 MPH qualify as rapid deceleration. Not all accidents > 40 MPH should be considered rapid deceleration, however. The response “unknown” is only to be used if there is no means to determine yes or no, i.e. cases in which no history is available from the patient, paramedics or other witnesses.

*Chest Pain* refers simply to the patient’s answer to the question “Do you have any chest pain?” No distinction will be made between pleuritic, positional, or other qualities of the pain. If the patient is unable to answer this question, it should be noted as *cannot determine*.

The following 3 criteria are to be determined in the same manner as the NEXUS Cervical Spine Criteria:

*Altered mental status/abnormal alertness* refers to a state in which the patient is not alert or not able to appropriately respond to yes/no questions. Examples of patients who would qualify as having AMS/abnormal alertness would be those who have a Glasgow Coma Score of 14 or less; disorientation to person, place, time or events; or delayed or inappropriate response to external stimulus.

*Distracting painful injury* includes any condition thought by the clinician to be producing sufficient pain to distract the patient from a second (chest) injury. Examples may include, but are not limited to the following: (1) long bone fractures, (2) visceral injuries requiring surgical consultation, (3) large lacerations, de-gloving injuries, or crush injuries, (4) large burns, and (5) any other injury producing acute functional impairment. Physicians may also classify any injury as distracting if it is thought to have the potential to impair the patient’s ability to appreciate other injuries.

*Intoxication* includes: a) a history of intoxication or recent intoxicating ingestion is provided by a patient or observer; b) test of bodily secretions (blood, urine, saliva, breath, etc) is positive for drugs or alcohol; c) patient has physical evidence suggesting intoxication (odor of alcohol, slurred speech, ataxia, dysmetria or other cerebellar findings), or behavior consistent with intoxication and unexplained by medical or psychiatric illness.