GE VCT 64 SLICE PROTOCOLS

rotocol N	Name:	R	O AAA	SCREE	INING	PROTO	COL	ADUL	(select	abdomer	pelvis r	outine _l	protocol
NDICATIONS:			Evaluation of patient abdomen pain-suspected AAA.				LABEL: SCOUT*, ABDOMEN*. The means anything after these beginnings will hang correct pacs					er these	
CONT	RAST:		100 cc nonionic contrast. 2.5-3.0cc/sec, 20ga or better IV				RECON 1:				.625mm thick/.625 mm interv Std recon at 400ww/30wl. W cor and sag 5mm avg DMPRs		
RAL CO	NTRA	ST:	No barium needed, but the doctor may wish to use it to rule out other abdominal reason for painconsult the radiologist.				RECON 2:				5mm thick / 5 mm interval. So recon 400ww/30wl.		
ATIENT OSITION CAN AR	NING A	ND	Patient supine. Feet first. Landmark at mid sternum. Cuts are taken from a few cuts into the lungs through the bifurcation or pubis if pelvis is also ordered. Same DFOV as previous abdomen CTs.				ADDITIONAL POST None PROCESSING:				Ione		
GENERAL EXAM			2.5 mm axial images. 400 DFOV.				SEND EXAM:				Send scout, 5mm axials, and s		
GUIDELINES: TRIGGER OR CONTRAST DELAY:			70 Second delay set				and cor images to pacs. ARCHIVE:						
ECHNIQUE GUIDELINES:			120 kvp. Auto ma on.				BILL AS:				Usually abdomen or abdomer and pelvis CT with contrast		
				SCOU	T PRC	TOCO	L SET	IN SC	ANNEI	R			
Scan Start Type Loc		End Loc			kV		mA	mA		Plane		Voice Lights Timer	
Scout S0.00 Diaphrag		S0.00 Diaphragm		I650.00 Pubis		120	120		10		90 and 0 2'		
			Δ	XIAL IN	/AGE	PROTO	COL	SET IN	ISCAN	NER			
Scan Type	Start Loc	End Loc	Thick Speed	Interval (mm)	Gantry Tilt	SFOV	kv	ma	DFOV	Show Recon1	Show Recon2	Show Recon3	Direct Vis
Helical Full 0.6 sec rotation	S0.0 Above Diaphr agm	I400.0 Below Pubis	0.625 55.00 1.375:1	0.625	S0.0	Large Body	120	450 22.10~ Auto ma on	40.0	0.625mm Std 400ww 50wl	2.5mm Std 400ww 50wl		On 5mm Cor and
								DR 50%		For recons SS50	Send to Pacs SS50		Sag avg mprs

Updated 02/01/2018