## **GE VCT 64 SLICE PROTOCOLS**

otocol N	Name:	C	HEST/A	ABDOM	EN/PEI	LVIS 18	mont	hs to 5	yrs CHI	LD				
NDICATIONS:			Evaluation of child for trauma, chest or abdominal pain, cancer, or abnormal labs.								SCOUT*, CHEST*. The * means anything after these beginnings will hang correct in			
CONTI	RAST:		1cc per pound of nonionic contrast. 1.0-2cc/sec. 24ga or better IV.				RECON 1:				.625mm thick/.625 mm interva Std recon at 400ww/30wl. Wi cor and sag 5mm avg DMPRs.			
RAL CO	NTRA	ST:	2-3 cups of Gastroview is drank the hour prior to scanning.				RECON 2:				5mm thick / 5 mm interval. Storecon 400ww/30wl.			
ATIENT OSITIONING AND CAN AREA:			Patient supine. Feet first. Landmark above chest. Cuts are taken from above lungs through a few cuts into the iliac crests or pubis if pelvis is also ordered. Same DFOV as previous chest or abdomen CTs.				ADDITIONAL POST None PROCESSING:							
GENERAL EXAM GUIDELINES:			5 x 5 mm axial images. 300 DFOV.				SEND EXAM:				Send scout, 5mm axials, and sa and cor images to pacs.			
RIGGER ONTRA		LAY:	40 Second delay set				ARCHIVE:							
ECHNIQ UIDELII			100 kvp. Auto ma on.								Usually chest abdomen pelvis with contrast CT (check dr.'s order)			
				SCOU	T PRO	TOCO	L SET	IN SC	ANNE	R				
Scan Start Type Loc			End Loc		kV		mA		Scout Plane		Voice Lights Timer			
Scout		S0.00 Above chest	ı	1550.00 Pubis		100		10		180		1		
					(A CE)	DD OTTO	GOY	GET D						
Scan	Start	End	Thick	XIAL IN Interval	Gantry	SFOV	kv	SEI IN	DFOV	Show	Show	Show	Direct	
Type Helical	Loc S0.0	Loc 1100.0	Speed 5	(mm)	Tilt S0.0	Ped	100	250	30.0	Recon1	Recon2	Recon3	Vis	
Full 0.4 sec rotation	Above chest	Below Pubis	27.50 1.375:1		. 50.0	Body		7.00~ Auto ma on DR 20%		Std  400ww 30wl  Send to Pacs SS20	m Std 400ww 30wl For recons SS20		5mm Cor and Sag avg mprs	

Updated 2/1/2018