Protocol N	Name:	C	CHEST/ ABDOMEN/ PELVIS ROUTINE ADULT											
INDICATIONS:			Evaluation of patient for cancer or trauma.				LABEL:				SCOUT*, CHEST*. The * means anything after these beginnings will hang correct in			
IV CONTRAST:			100 cc nonionic contrast. 2cc/sec, 22ga or better IV				REC	CON 1:		.6 S				
ORAL CONTRAST:			1 cup of Gastroview every 15 minutes is drank the hour prior to scanning.				RECON 2:			51	5mm thick / 5 mm interval. Std recon 400ww/30wl.			
PATIENT POSITION SCAN AR		ND	Patient supine. Feet first. Landmark above chest. Cuts are taken from apices through bottom of bladder. Same DFOV as previous chest or abdomen CTs.				ADDITIONAL POST PROCESSING:				None			
GENERAI GUIDELII		М	5 x 5 mm axial images. 400 DFOV.								Send scout, 5mm axials, and sag			
TRIGGER CONTRAS	-	LAY:	65 Second delay set				ARCHIVE:							
TECHNIQUE GUIDELINES:			120 kvp. Auto ma on.				BILL AS: Usually chest abdome CT with contrast. Ch							
				SCOU	JT PRC	тосоі	L SET	TIN SC	ANNE	R				
Scan Start Type Loc			End Loc			kV	mA			Scout Plane		Voice Lights Timer		
Scout		S0.00		1750.00		120		10		90 and 0		2T		
		Above chest	t	Pubis										
			A	XIAL IN	IAGE	PROTO	COL	SET IN	SCAN	JNER				
Scan Type	Start Loc	End Loc	Thick Speed	Interval (mm)	Gantry Tilt	SFOV	kv	ma	DFOV	Show Recon1	Show Recon2	Show Recon 3	Direct Vis	
Helical Full 0.6 sec rotation	S0.0 Above Lungs	I600.0 Below Pubis	5 39.37 0.984:1	5	S0.0	Large Body	120	330 11.57~ Auto ma on DR 50%	40.0	5mm Std(plus) 375ww 35wl Send to Pacs SS50	0.625m Std(plus) 400ww 35wl For recons SS50	ated 2/1/2	On 5mm Cor and Sag avg mprs	