rotocol N	Name:	C	CHEST CT 18 months to 5 yrs CHILD											
NDICAT	IONS:		Evaluation of child with mediastinal abnormality, lung cancer, pleural effusion, empyema, or trauma, etc.				LABEL:				SCOUT*, CHEST*. The * means anything after these beginnings will hang correct in pacs			
/ 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:	None				RECON 2:				5mm thick / 5 mm interval. Sto recon 400ww/30wl.			
ATIENT OSITION CAN AR		ND	Patient supine. Feet first. Landmark above chest. Cuts are taken from above lungs through the adrenal glands. Same DFOV as previous chest CTs.				ADDITIONAL POST PROCESSING:				None			
ENERAI UIDELII	NES:	М	5 x 5 mm axial images. 300 DFOV.				SEND EXAM:				Send scout, 5mm axials, and sa and cor images to pacs.			
RIGGER ONTRA		AY	40 Second delay set				ARCHIVE:							
ECHNIQ UIDELII	UE		100 kvp. Auto ma on.				BILL AS:				Usually chest CT with contrast			
				SCOU	T PRC	TOCO	L SET	IN SC	ANNEI	ξ				
Scan Type			End Loc		kV		mA		Scout Vo Plane Lig		Voice Light Time	s		
Scout		S0.00		1300.00		120		10		180		1		
		Above chest		Mid abdomen										
			A	XIAL IN		PROTC	COL	SET IN	SCAN	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 0.4 sec rotation	S0.0 Above chest	I100.0 Below Adrenal gland	5 27.50 1.375:1	5	S0.0	Ped Body	100	250 7.00~ Auto ma on DR 20%	30.0	5mm Std 400ww 30wl Send to Pacs SS20	0.625m m Std 400ww 30wl For recons SS20		On 5mm Cor and Sag avg mprs	