

Protocol Name: CRANIAL ROUTINE/ PED HEAD TO 18 MONTHS-5 YEARS

INDICATIONS:	Evaluation of trauma, headache, dizziness, weakness (usually unenhanced), or cancer (enhanced)	LABEL:	SCOUT*, BRAIN*, BONE* The * means anything after these beginnings will hang correct in pacs
IV CONTRAST:	Usually none. Nonionic contrast(1cc/pound) is hand injected if requested by the radiologist or referring physician.	RECON 1:	2.5mm thick/2.5 mm interval. 8 images per rotation. Std recon at 80ww/30wl
ORAL CONTRAST:	None	RECON 2:	2.5mm thick /2.5 mm interval. Bone Plus recon at 2000ww/600wl.
PATIENT POSITIONING AND SCAN AREA:	Patient supine. Head in holder. Landmark at base of skull. Axial cuts are taken from the base to the top of skull. Angle parallel to the infraorbitomeatal line. 22 DFOV	ADDITIONAL POST PROCESSING:	None.
GENERAL EXAM GUIDELINES:	2.5 x 2.5 mm axial images with brain and bone windows	SEND EXAM:	Send scout, brain images, and bone windows to pacs.
TRIGGER OR CONTRAST DELAY:	Hand inject if contrast is needed. 1cc/pound is peds dose.	ARCHIVE:	
TECHNIQUE GUIDELINES:	120 kvp.	BILL AS:	Usually cranial without contrast

SCOUT PROTOCOL SET IN SCANNER

Scan Type	Start Loc	End Loc	kV	mA	Scout Plane	Voice Lights Timer
Scout	S200	S0	120	10	90	N
	Base of Skull	Top of skull				

AXIAL IMAGE PROTOCOL SET IN SCANNER

Scan Type	Start Loc	End Loc	Thick Speed	Interval (mm)	Gantry Tilt	SFOV	kv	ma	DFOV	Show Recon1	Show Rocon2	Direct Vis
Axial Full 0.6 sec rotation	S0.000	S117.50	5	20.0	S0.0 Angle parallel to the infra orbito meatal line	Ped Head	120	145	22.0	5mm Std 80ww 30wl Send to Pacs SS30	5mm Bone plus 2000ww 300wl Send to Pacs SS30	Off
	Base of skull	Top of skull	4 images per rotation					DR 30%				