

GE VCT 64 SLICE PROTOCOLS

Protocol Name: CRANIAL ROUTINE/ PED HEAD HELICAL	
INDICATIONS:	Evaluation of bone malformation.
IV CONTRAST:	Usually none. 100 cc of nonionic contrast is hand injected if requested by the radiologist or referring physician.
ORAL CONTRAST:	None
PATIENT POSITIONING AND SCAN AREA:	Patient supine. Head in holder. Landmark at base of skull. Cuts are taken from the base to the top of skull. No gantry angle 25 DFOV
GENERAL EXAM GUIDELINES:	2.5 x 2.5 mm axial images with brain and bone windows. Adjust slice thickness in recon1 and recon2 if thinner cuts are requested.
TRIGGER OR CONTRAST DELAY:	Hand inject if contrast is needed. 1cc/pound is peds dose.
TECHNIQUE GUIDELINES:	120 kvp. Smart MA on.
LABEL:	SCOUT*, BRAIN*, BONE* The * means anything after these beginnings will hang correct in pacs
RECON 1:	2.5mm thick/2.5 mm interval. 8 images per rotation. Std recon at 80ww/30wl
RECON 2:	2.5mm thick /2.5 mm interval. Bone Plus recon at 2000ww/600wl.
ADDITIONAL POST PROCESSING:	May need 3D imaging of the skull refer to physician order or radiologist.
SEND EXAM:	Send scout, brain images, and bone windows to pacs. Send 0.625 images to awwkstn1 if 3D is needed.
ARCHIVE:	
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	S150.00	I200.00	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 Recon2	Show Recon3	Show Recon 4
Helical Full 0.5 sec rotation	S0.000	S115.00	2.5 10.62 0.531:1	2.5	S0.0	Small Head	120	185 7.05~ Smart mA On 30DR	25.0	2.5mm Bone plus 2000ww 600wl SS20 Send to Pacs	2.5mm Std 65ww 30w SS20 Send to Pacs	0.625m m Bone 2000w 60l SS20 For recons if needed only	.625m Std 400w 40l SS20