GE VCT 64 SLICE PROTOCOLS

INDICATIONS:			Evaluation of bone malformation.				LABEL:				SCOUT*, BRAIN*, BONE* The * means anything after these beginnings will hang correct in pacs		
IV CONTRAST:			Usually none. 100 cc of nonionic contrast is hand injected if requested by the radiologist or referring physician.				RECON 1:				2.5mm thick/2.5 mm interval. images per rotation. Std recons 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. Cuts are taken from the base to the top of skull. No gantry angle 25 DFOV				ADDITIONAL POST PROCESSING:			May need 3D imaging of the skull refer to physician order or radiologist.			
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				SEND EXAM:				Send scout, brain images, and bone windows to pacs. Send 0.625 images to awwkstn1 if 3I is needed.		
TRIGGER OR CONTRAST DELAY:			Hand inject if contrast is needed.				ARCHIVE:						
TECHNIQUE GUIDELINES:			120 kvp. Smart MA on.				BILL AS:				Usually cranial without contras		
			SCOU	T PRC	TOCO	L SET	IN SC	ANNE	R				
Scan Start Loc		End Loc			kV		mA		Scout Plane			Voice Lights Timer	
Scout		S150.00		1200.00			10		90		N		
		Base of Skull		Top of skull									
			VIAI IN	AAGE :	DD OTO	COL	SET IN	ISCAN	INIED				
Start Loc	End Loc	Thick Speed	Interval (mm)	Gantry Tilt	SFOV	kv	ma	DFOV	Show Recon1	Show Recon2	Show Recon3	Show Recon	
S0.000 Base of skull	S115.00 Top of skull	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	4 .625m Std 400w 401 SS20	
	NTRAS NING A EA: CEXAN NES: OR ST DEL UE NES: Start Loc S0.000 Base of	RAST: NTRAST: NING AND EA: LEXAM NES: OR ST DELAY: UE NES: Start Loc S150.00 Base of Skul	RAST: Usually contrast requester referring NTRAST: None NTRAST: None Patient Stand are take of skull. DFOV LEXAM 2.5 x 2.5 will. DFOV LEXAM 2.5 x 2.5 will. DFOV LEXAM 1.5	RAST: Usually none. 10 contrast is hand in requested by the referring physicia NTRAST: None Patient supine. H Landmark at base are taken from the of skull. No gant DFOV LEXAM 2.5 x 2.5 mm axia brain and bone wis slice thickness in recon2 if thinner or requested. OR Hand inject if co 1cc/pound is peds 120 kvp. Smart M NES: SCOU Start Loc End Loc S150.00 I200.00 Base of Skull Top of skull Top of skull Start End Loc S150.00 I200.00 AXIAL IN Start End Thick Interval (mm) S0.000 S115.00 2.5 10.62 Base of Top of 0.531:1	RAST: Usually none. 100 cc of recontrast is hand injected in requested by the radiologic referring physician. NTRAST: None Patient supine. Head in head in head are taken from the base of skull. No gantry angle DFOV LEXAM 2.5 x 2.5 mm axial images brain and bone windows. slice thickness in reconlare requested. OR Hand inject if contrast is 1cc/pound is peds dose. OR Hand inject if contrast is 1cc/pound is peds dose. ST DELAY: 120 kvp. Smart MA on. Start Loc Start Loc	RAST: Usually none. 100 cc of nonionic contrast is hand injected if requested by the radiologist or referring physician. NTRAST: None 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 LEXAM 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. OR Hand inject if contrast is needed. 1cc/pound is peds dose. IUE 120 kvp. Smart MA on. ST DELAY: 1co/pound is peds dose. 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OR Hand inject if contrast is needed. ST DELAY: 1cc/pound is peds dose. UE 120 kvp. Smart MA on. BILL AS: Usually crives: SCOUT PROTOCOL SET IN SCANNER Start Loc Red Red Record	The * means anythin these beginnings wit correct in pacs RAST: Usually none. 100 cc of nonionic contrast is hand injected if requested by the radiologist or referring physician. RECON 1: 2.5mm thick/2.5 m Bone Plus recon at 2000ww/30wl RECON 2: 2.5mm thick/2.5 m Bone Plus recon at 2000ww/600wl. ADDITIONAL POST PROCESSING: ADDITIONAL POST PROCESSING: May need 3D image stull proper skull. No gantry angle 25 DFOV EXAM 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. OR Hand inject if contrast is needed. Icc/pound is peds dose. ST DELAY: UE 120 kvp. Smart MA on. WES: SCOUT PROTOCOL SET IN SCANNER AXIAL IMAGE PROTOC	