Salem Radiology Consultants

GE VCT 64 SLICE PROTOCOLS

Protocol Name:	CRANIAL ROUTINE/ PED HEAD TO 18 MONTHS

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/lb) is hand injected if requested by the radiologist or referring physician.	RECON 1:	5mm thick/5 mm interval. 4 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. 20 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. 105 MA at 0.6 second rotation.	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 Base of Skull	S0.00 Top of skull	120	10	90	N

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	Direct Vis
Axial Full 0.6 sec rotation	S0.000 Base of skull	S117.50 Top of skull	5 4 images per rotation	20.0	S0.0 Angle parallel to the infra orbito meatal line	Ped Head	120	105 DR 30%	20.0	5mm Std 80ww 30wl Send to Pacs SS30	5mm Bone plus 2000ww 300wl Send to Pacs SS30	Off