

GE VCT 64 SLICE PROTOCOLS

Protocol Name: ELBOW ROUTINE ADULT	
INDICATIONS:	Evaluation of elbow for fracture.
IV CONTRAST:	Usually none unless for soft tissue infection.
ORAL CONTRAST:	None
PATIENT POSITIONING AND SCAN AREA:	Patient prone or supine. Head first. Elbow extended straight above head in the center of the table. Landmark at mid humerus. If this position is not possible, arm should be elevated on a pillow and placed at the side either straight or flexed 90 degrees. Scan from above the epicondyles to distal to the radial tuberosity. No gantry angle.
GENERAL EXAM GUIDELINES:	2.5 x 2.5 mm axial images with 3 mm sag and cor recons. 200 DFOV.
TRIGGER OR CONTRAST DELAY:	None
TECHNIQUE GUIDELINES:	120 kvp. 200 ma at 0.6 seconds
LABEL:	SCOUT*, EXT*. The * means anything after these beginnings will hang correct in pacs
RECON 1:	.625mm thick/.625 mm interval. Bone recon at 2000ww/200wl. With 3 mm COR and SAG MPRs.
RECON 2:	2.5mm thick /2.5 mm interval. Bone recon 2000ww/200wl.
ADDITIONAL POST PROCESSING:	Usually none. Send 0.625 images to awwkstn1 if 3D is needed.
SEND EXAM:	Send scout, 2.5 axials, and SAG and COR recons to pacs.
ARCHIVE:	
BILL AS:	Usually upper extremity CT without contrast

SCOUT PROTOCOL SET IN SCANNER

Scan Type	Start Loc	End Loc	kV	mA	Scout Plane	Voice Lights Timer
Scout	S150.00	I100.00	120	80 and 10	90 and 180	N
	Distal humerus	proximal forearm				

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	Show Rocon3	Direct Vis
Helical Full 0.6 sec rotation	S50.0	I10.0	0.625 10.62 0.532:1	0.5	S0.0	Small Body	120	200	25.0	0.625mm Bone+	2.5mm Bone+	2.5mm Std	On
	Distal Humerus or ask rad/Dr.	Proximal forearm or ask rad/Dr. for levels						DR 50%		2000ww 200wl For recons SS50	2000w 200l Send to Pacs SS50	350w 30l Send to Pacs SS50	3mm Cor and Sag Send to Pacs

Updated 1/30/2018