

GE VCT 64 SLICE PROTOCOLS

Protocol Name: NECK SOFT TISSUE PEDS	
INDICATIONS:	Evaluation of neck mass, trauma, or airway obstruction
IV CONTRAST:	1 cc/lb. of nonionic contrast. 1-2cc/sec. 24ga or better IV or hand inject depending on age and IV.
ORAL CONTRAST:	None
PATIENT POSITIONING AND SCAN AREA:	Patient supine. Head in holder. Landmark at mid sternum. Cuts are taken from the sella turcica to a few cuts into the lungs. No gantry tilt.
GENERAL EXAM GUIDELINES:	2.5 x 2.5 mm axial images with 5 mm sag and cor recons. 180 DFOV.
TRIGGER OR CONTRAST DELAY:	40 sec delay.
TECHNIQUE GUIDELINES:	120 kvp. Smart MA on.
LABEL:	SCOUT*, NECK*. The * means anything after these beginnings will hang correct in pacs
RECON 1:	.625mm thick/.625 mm interval. Std recon at 400ww/30wl. With 5 mm COR and SAG MPRs.
RECON 2:	2.5mm thick /2.5 mm interval. Std. recon 400ww/30wl.
ADDITIONAL POST PROCESSING:	None.
SEND EXAM:	Send scout, 2.5 axials, and SAG and COR recons to pacs. Send 0.625 images to awwkstn1 if needed.
ARCHIVE:	
BILL AS:	Usually neck CT with contrast

SCOUT PROTOCOL SET IN SCANNER

Scan Type	Start Loc	End Loc	kV	mA	Scout Plane	Voice Lights Timer
Scout	S0.00	I200.0	100	10	90 and 0	N
	Mid sternum	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 0.4 sec rotation	S250.0	I20.0	2.5 19.37 0.969:1	2.5	S0.0	Small body	100	300 7.00~ Smart mA On DR 30%	18.0	2.5mm Std 350ww 40wl Send to Pacs SS40	.625 Bone+ 2000w 200l For recons SS30	2.5mm Bone+ 2000w 200l Send to Pacs SS30	.625m Std 400w 40l For Recon SS40

Updated 1/31/2018