

CT Chest/Abdomen/Pelvis - Trauma

GE- 6014

Maximum CTDI ___60___

Indication: Trauma

Note: For stab wounds & GSW have trauma team place a marker at the entrance site if possible

PT Prep: No Oral contrast
IV contrast – Yes (follow MCR iv contrast dosing guidelines)

Series 1: Scouts AP & LAT – Supine “O” at Sternal notch S20 to I600

Series 2: Scan from lung apices to bottom of lesser trochanters. **Keep FOV same for whole scan.**
Inject contrast per MCR contrast dosing guidelines at 3cc/sec.

Technique: **Delay: 70 second delay**

	750 HD (128) CT2	Optima 660 (32) OVIC	Optima 660 CT1	VCT 64 CT3
Noise Level	16.10	14.00	14.00	14.00
Interval	5mm	5mm	5mm	5mm
Axial/Helical Thickness	5mm	5mm	5mm	5mm
Pitch	0.984:1	0.984:1	0.984:1	0.984:1
Speed mm/rotation	39.37	39.37	39.37	39.37
Detector Rows				
Detector Configuration				
Beam Collimation	40mm	40mm	40mm	40mm
KV/mA	Auto mA – if large pt. use manual & maximize mA	Auto mA – if large pt. use manual & maximize mA	Auto mA – if large pt. use manual & maximize mA	Auto mA – if large pt. use manual & maximize mA
Scan Type	Helical Full 0.8 sec	Helical Full 0.8 sec	Helical Full 0.8 sec	Helical Full 0.8 sec

Networking/ PACs: Send scouts
Send series 2 Standard Soft Tissue Algorithm 5mm
Recon and send lung images in Lung Algorithm 5mm
Recon and send bone images with Bone Algorithm
Recon and send MPR images in Standard Algorithm
Recon and send MIP lung images
Record DLP in PACS comments

Original Date: 4-8-04

Approved by: Dr. Songmen, MCR _____

Revised Date: 11/9/04, 1/11/10, 12/8/10, 04/17/13, 12/15/2015, 2/28/18, 07/27/21, 1/30/24