RIH – IV CONTRAST ABDOMEN/PELVIS
SIEMENS DEFINITION AS+ PROTOCOL

Indications – trauma, mass, mets, lymphoma, abscess, general screening.

Position/Landmark	Head first or feet first-Supine Sternal Notch
Topogram Direction	Craniocaudal / Craniocaudal
Respiratory Phase	Inspiration
Scan Type	Helical
Ref kV/Ref mAs/Rotation time (sec) **Pitch / Speed (mm/rotation)** **Safire Strength / Dose Optimization**	Care kV 120 / Care Dose4D 210 / 0.5 sec .8:1 , 32.00mm 3 / 6
Detector width x Rows = Beam Collimation	0.625mm x 64 = 40mm (128 x .6mm)
Average Tube Output	ctdi – 10.0mGy dlp – 500mGy.cm
Helical Set Slice Thickness/ Spacing Algorithm Recon Destination	recon / body part / thickness/ spacing / algorithm / recon destination . 1 **iv abdomen/pelvis** 5mm x 5mm I40f medium pacs 2 **coronal iv abd/pelvis** 5mm x 5mm I40f medium pacs 3 thin abd/pelvis .75mm x .6mm I40f medium terarecon
Scan Start / End Locations **DFOV**	1 cm superior to diaphragm lesser trochanters 38cm decrease appropriately
IV Contrast Volume / Type / Rate	30mL Iohexol (Omnipaque 350) followed by 20mL of saline prior to scouts then 5 minute delay then 100mL Iohexol (Omnipaque 350) , 3mL/sec 55 second scan delay When oral contrast is prescribed, refer to the appropriate oral contrast agent's preparation and procedure guide.
Scan Delay	55 seconds
2D/3D Technique Used	Workstream 4D mpr of 5mm x 5mm **coronal abdomen/pelvis** series, auto-transferred to PACS.
Comments: The Bariatric protocol is this protocol with an oral prep of 4-6 oz of readicat 30 minutes before the ct exam. The ct scan should not be performed if the contrast was ingested more than an hour prior. The patient may take an additional 2 oz of readicat just prior to laying down on the ct table.	
Images required in PACS	Topograms, 5mm x 5mm axial abdomen/pelvis, 5mm x 5mm coronal abdomen/pelvis, Patient Protocol