

RIH – IV CONTRAST ABDOMEN/PELVIS WITH LUMBAR SPINE GE LIGHTSPEED VCT PROTOCOL

Indications: trauma to evaluate for solid organ injury

Position/Landmark	Head first or feet first-Supine Xyphoid			
Topogram Direction	Craniocaudal			
Respiratory Phase	Inspiration			
Scan Type	Helical			
KV / mA / Rotation time (sec) Pitch / Speed (mm/rotation) Noise Index / ASiR / Dose Reduction	120kv / smart mA (120-450) / 0.5 sec .984:1 , 39.37mm 11.5 / 70 / 30%			
Detector width x Rows = Beam Collimation	0.625mm x 64 = 40mm			
Average Tube Output	ctdi – 11.3mGy dlp – 616 mGy.cm			
Helical Set	recon	body part	thickness/ spacing	recon destination
Slice Thickness/ Spacing	1	iv abdomen/pelvis	5mm x 5mm	pacs
Algorithm	2	thin abd/pelvis	.6mm x .6mm	for dmpr
Recon Destination	3	lumbar spine	2.5mm x 2.5mm	pacs
	4	thin l spine	.6mm x .6mm	for dmpr
Scan Start / End Locations	1 cm superior to diaphragm lesser trochanters 38cm			
DFOV	decrease appropriately			
IV Contrast Volume / Type / Rate	30mL Iohexol (Omnipaque 350) followed by 40mL of saline prior to scouts then 5 minute delay then 100mL Iohexol (Omnipaque 350) , 3mL/sec 55 second scan delay			
Scan Delay	55 seconds			
2D/3D Technique Used	DMPR of 5mm x 5mm coronal abdomen/pelvis series (auto-batch on), average mode, auto-transferred to PACS. DMPR: 3mm x 3mm coronal and sagittal lumbar spine			
Comments:	When penetrating trauma is the clinical indication, place a bb marker at the entrance wound and exit wound if applicable.			
Images required in PACS	Scouts, 5mm x 5mm axial abdomen/pelvis, 5mm x 5mm coronal abdomen/pelvis, 2.5mm x 2.5mm axial lumbar spine, 3mm x 3mm coronal and sagittal lumbar spine, Dose Report			