

**RIH – ROUTINE AXIAL BRAIN
GE LIGHTSPEED 16 / OPTIMA CT580 PROTOCOL**

**Indications: Non contrast: cva, intracranial bleed, mental status change, trauma, hydrocephalus
Contrast: suspicion of mass, known primary brain lesion, metastases**

Position/Landmark	Supine head first or feet first. Zero at outer canthus of eye.				
Topogram Direction	Craniocaudal				
Respiratory Phase					
Scan Type	Axial				
KV / mA / Rotation time (sec) Pitch / Speed (mm/rotation) Noise Index	120kv / 480 mA / .5 sec 2i				
Detector width x Rows = Beam Collimation	0.625mm x 16 = 10mm				
Average Tube Output	ctdi – 51.1 mGy dlp – 872 mGy.cm				
Axial Set		body	thickness/		recon
Slice Thickness/ Spacing	recon	part	spacing	algorithm	destination .
Algorithm	1	brain	5mm x 5mm	standard	pacs
Recon Destination	2	skull	5mm x 5mm	bone	pacs
Scan Start / End Locations	Skull base Skull vertex				
DFOV	25 cm decrease appropriately 15 degrees cephalad to the OML				
IV Contrast Volume / Type / Rate	100cc omni350, 1.5cc/sec if needed				
Scan Delay	minimum of 2 minutes				
2D/3D Technique Used					
Comments:					
Images required in PACS	Scouts, 5mm x 5mm axial brain, 5mm x 5mm axial skull, Dose Report				