

**RIH – HELICAL ADULT BRAIN
SIEMENS DEFINITION AS+ 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 1cm superior to skull vertex
Topogram Direction	Craniocaudal / Craniocaudal
Respiratory Phase	Any
Scan Type	Helical
Ref kV/Ref mAs/Rotation time (sec) Pitch / Speed (mm/rotation) Safire Strength / Dose Optimization	Care kV 120 / Care Dose4D 250 / 0.5 sec .7:1 , 8.75mm 1 / 3
Detector width x Rows = Beam Collimation	0.625mm x 20 = 12.5mm (40 x .6mm)
Average Tube Output	ctdi – 35.0 mGy dlp – 600 mGy.cm
Helical Set	body thickness/ recon part spacing algorithm recon destination .
Slice Thickness/ Spacing	1 thick helical brain 5mm x 5mm J40f medium
Algorithm	2 axial brain reformat 5mm x 5mm J40f medium pacs
Recon Destination	3 axial skull reformat 5mm x 5mm H60f sharp pacs
	4 coronal brain reformat 5mm x 5mm J40f medium pacs
	5 thin brain .75mm x .7mm J40f medium terarecon
Scan Start / End Locations	1cm inferior to skull base 1cm superior to skull vertex 25cm
DFOV	decrease appropriately
IV Contrast Volume / Type / Rate	100mL Iohexol (Omnipaque 350), 1.5mL/sec if needed
Scan Delay	minimum of 2 minutes
2D/3D Technique Used	Workstream 4d mpr 5mm x 5mm axial brain reformats in the glabello-meatal plane, auto transferred to PACS Workstream 4d mpr 5mm x 5mm axial skull reformats in the glabello-meatal plane, auto transferred to PACS Workstream 4d mpr 5mm x 5mm coronal brain reformats perpendicular to the glabello-meatal plane, auto transferred to PACS
Comments:	Since this study is comprised of all mpr's, Recon 1 is used only to acquire data. Recons 2-4 are workstream 4d reformats for pacs. Recon 5 is thin image data to terarecon.
Do not alter the pitch setting of this protocol.	
Images required in PACS	Topograms , 5mm x 5mm axial brain, 5mm x 5mm coronal brain, 5mm x 5mm axial skull, Patient Protocol