

<b>Protocol Name:</b> ABDOMEN/PELVIS 18 months to 5 yrs CHILD	
INDICATIONS:	Evaluation of child for trauma, abdominal pain, cancer, or abnormal labs.
IV CONTRAST:	1cc per pound of nonionic contrast. 1.0-2cc/sec. 24ga or better IV.
ORAL CONTRAST:	2-3 cups of Gastroview is drank the hour prior to scanning.
PATIENT POSITIONING AND SCAN AREA:	Patient supine. Feet first. Landmark at mid sternum. Cuts are taken from a few cuts into the lungs through a few cuts into the iliac crests or pubis if pelvis is also ordered. Same DFOV as previous abdomen CTs.
GENERAL EXAM GUIDELINES:	5 x 5 mm axial images. 300 DFOV.
TRIGGER OR CONTRAST DELAY:	60 Second delay set
TECHNIQUE GUIDELINES:	100 kvp. Auto ma on.
LABEL:	SCOUT*, ABDOMEN*. The * means anything after these beginnings will hang correct in pacs
RECON 1:	.625mm thick/.625 mm interval. Std recon at 400ww/30wl. With cor and sag 5mm avg DMPrs.
RECON 2:	5mm thick / 5 mm interval. Std recon 400ww/30wl.
ADDITIONAL POST PROCESSING:	None
SEND EXAM:	Send scout, 5mm axials, and sag and cor images to pacs.
ARCHIVE:	
BILL AS:	Usually abdomen &/or pelvis with contrast (check dr.'s order)

**SCOUT PROTOCOL SET IN SCANNER**

Scan Type	Start Loc	End Loc	kV	mA	Scout Plane	Voice Lights Timer
Scout	S0.00	I350.00	100	10	180	1
	Diaphragm	Pubis				

**AXIAL IMAGE PROTOCOL SET IN SCANNER**

Scan Type	Start Loc	End Loc	Thick Speed	Interval (mm)	Gantry Tilt	SFOV	kv	ma	DFOV	Show Recon1	Show Recon2	Show Recon3	Direct Vis
Helical Full 0.4 sec rotation	S0.0	I100.0	5 27.50 1.375:1	5	S0.0	Ped Body	100	250 7.00~  Auto ma on  DR 20%	30.0	5mm Std  400ww 30wl  Send to Pacs SS20	0.625m Std  400ww 30wl  For recons SS20		On  5mm Cor and Sag avg mprs