

Protocol Name: CARDIAC ABLATION CTA ADULT (select cardiac ablation study)	
INDICATIONS:	Usually evaluation of left ventricle pre-ablation for A-fib.
IV CONTRAST:	100 cc nonionic contrast (370 mg/ml) and saline-dual injection. 5cc/sec, 18 ga in AC preferred. 20ga or better IV in a large vein at least.
ORAL CONTRAST:	None
PATIENT POSITIONING AND SCAN AREA:	Patient supine. Feet first. Landmark above chest. Cuts are taken from carina to below heart. 250 DFOV.
GENERAL EXAM GUIDELINES:	No gating necessary. No nitro or beta blocker needed. Helical 0.6 sec. 0.625 cuts are taken in a 250 FOV
TRIGGER OR CONTRAST DELAY:	Timing bolus
TECHNIQUE GUIDELINES:	120 kvp. Auto ma on.
LABEL:	SCOUT*, CORONARY*. The * means anything after these beginnings will hang correct in pacs
RECON 1:	.625mm thick/.625 mm interval. Std recon.
RECON 2:	None.
ADDITIONAL POST PROCESSING:	Send 0.625mm to awwkstnl and pacs. Do Sagittal and Coronal and lung (full FOV) recons also for pacs. Load thin images into CTA AAA protocol on the AW workstation. Do a 3D of the left atrium.
SEND EXAM:	Send scout, .625mm, 2.5mm & lung axials to pacs.
ARCHIVE:	.
BILL AS:	Usually CT angio Chest.

SCOUT PROTOCOL SET IN SCANNER

Scan Type	Start Loc	End Loc	kV	mA	Scout Plane	Voice Lights Timer
Scout	S0.00	I300.00	120	40 & 30	90 and 0	7T
	Above chest	Mid abdomen				

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 0.40 sec rotation	150.0 carina	I150.0 Below heart	0.625 6.40 0.16:1	0.625	S0.0	Large body	120	700	25.0	0.625mm Std 800ww 200wl Send to pacs & ws SS50	2.5mm Std 400w 40l Send to pacs SS50	2.5mm Lung 2000w -700l Send to pacs SS40	