

Protocol Name: CERVICAL SPINE with CONTRAST ADULT	
INDICATIONS:	Evaluation of cervical abscess or infection.
IV CONTRAST:	100 cc nonionic contrast. 2cc/sec injection. 22ga or better IV.
ORAL CONTRAST:	None
PATIENT POSITIONING AND SCAN AREA:	Patient supine. Head first. Landmark at sternal notch. Cuts are taken from skull base to mid pedicle of T1. No gantry angle.
GENERAL EXAM GUIDELINES:	2.5 x 2.5 mm axial images with 3 mm sag and cor recons.
TRIGGER OR CONTRAST DELAY:	50 seconds
TECHNIQUE GUIDELINES:	120 kvp. Smart MA on.
LABEL:	SCOUT*, CERVICAL*. The * means anything after these beginnings will hang correct in pacs
RECON 1:	.625mm thick/.625 mm interval. Std recon at 400ww/40wl. With 3 mm COR and SAG MPRs.
RECON 2:	2.5mm thick /2.5 mm interval. Std recon 400ww/40wl.
ADDITIONAL POST PROCESSING:	Usually none. Send 0.625 images to awwkstn1 if 3D is needed.
SEND EXAM:	Send scout, 2.5 axials, and SAG and COR recons to pacs.
ARCHIVE:	
BILL AS:	Usually cervical CT with contrast

SCOUT PROTOCOL SET IN SCANNER

Scan Type	Start Loc	End Loc	kV	mA	Scout Plane	Voice Lights Timer
Scout	S350.00 Mid skull	S0.00 Mid sternum	120	10	90 and 180	N

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 Rocon2	Show Rocon3	Direct Vis
Helical Full 0.7 sec rotation	S110.0 Base of skull	I50.0 Mid pedicle T-1	0.625 39.37 0.984:1	0.625	S0.0	Small Body	120	580 12.60~ Smart mA On DR 30%	12.0	0.625mm Std 400ww 40wl For recons SS30	2.5mm Bone 1500w 300l Send to Pacs SS30	2.5mm Std 350ww 40wl Send to Pacs SS30	On 3mm Cor and Sag Send to Pacs