

GE VCT 64 SLICE PROTOCOLS

Salem Radiology Consultants

Protocol Name:		CRANIAL ROUTINE/ PED HEAD 5 to 15 YEARS	
INDICATIONS:	Evaluation of trauma, headache, dizziness, weakness (usually unenhanced), or cancer (enhanced)	LABEL:	
IV CONTRAST:	Usually none. 100 cc of nonionic contrast is hand injected if requested by the radiologist or referring physician.	RECON 1:	5mm thick 5 mm interval. 4 images per rotation. Std recon at 80ww/30wl
ORAL CONTRAST:	None	RECON 2:	5mm thick 5 mm interval. Bone Plus recon at 2000ww/300wl.
PATIENT POSITIONING AND SCAN AREA:	Patient supine. Head in holder. Lanmark in EAM. Axial cuts are taken from the base of the skull to the vertex. Angle parallel to the infraorbitmental line. FOV 24	ADDITIONAL POST PROCESSING:	None.
GENERAL EXAM GUIDELINES:	5 x 5 mm axial images with brain and bone windows	SEND EXAM:	Send scout, brain images, and bone windows to pacs.
TRIGGER OR CONTRAST DELAY:	Hand inject if contrast is needed. 1cc/pound is peds dose.	ARCHIVE:	
TECHNIQUE GUIDELINES:	120 kvp. 120 MA at 1.0 second rotation.	BILL AS: Usually cranial without contrast	

SCOUT PROTOCOL SET IN SCANNER

Scan Type	Start Loc	End Loc	kV	mA	Scout Plane	Voice Lights Timer
Scout	S150.00	I130.00	120	10	90	N
	Base of Skull	Top of skull				

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	Direct Vis
Axial Full 1.0 sec rotation	S150 Base of skull	I125 Top of skull	5 4 images per rotation	20.0	S0.0 Angle parallel to the infra orbito meatal line	Small Head	120	120 DR	24.0	5mm Std 80ww 30wl Send to Pacs SS30	5mm Bone plus 2000ww 600wl Send to Pacs SS30	Off