

Protocol Name: CRANIAL ROUTINE ADULT	
INDICATIONS:	Evaluation of trauma, headache, dizziness, weakness (usually unenhanced), or cancer (enhanced)
IV CONTRAST:	Usually none. 100 cc of nonionic contrast is hand injected if requested by the radiologist or referring physician.
ORAL CONTRAST:	None
SCANNING TECHNIQUES:	Patient supine. Head in holder. Landmark at base of skull. Axial cuts are taken from the base to the top of skull. Angle parallel to the infraorbitomeatal line. 25 DFOV
TECHNIQUE GUIDELINES:	120 kvp. 200mA at 1 sec rotation
RECON 1:	5mm thick /5 mm interval. 4 images per rotation. Std recon at 80ww/30wl
RECON 2:	5mm thick /5 mm interval. Bone Plus recon at 2000ww/600wl.
LABEL:	SCOUT*, BRAIN*, BONE* The * means anything after these beginnings will hang correct in pacs
VOICE:	None
TRIGGER:	None. Hand inject contrast prior to scanning if needed.
ADDITIONAL POST PROCESSING:	None.
SEND EXAM:	Send scout, brain images, and bone windows to pacs .
ARCHIVE:	

SCOUT PROTOCOL SET IN SCANNER

Scan Type	Start Loc	End Loc	kV	mA	Scout Plane	Voice Lights Timer
Scout	S150.00	I100.00	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	Gantry Tilt	SFOV	kv	ma	DFOV	Show Recon1	Show Rocon2	Direct Vis
Axial Full 1.0 sec rotation	S51.250	S207.37	5.0	20.0	S0.0	Head	120	200 DR=40%	24.0	5mm Std(full)	5mm Bone plus	Off
	Base of skull	Top of skull	4 images per rotation		Angle parallel to the infra orbito meatal line					85ww 40wl	2000ww 400wl	
										Send to Pacs SS40	Send to Pacs SS50	