

Protocol Name: KNEE ROUTINE ADULT	
INDICATIONS:	Evaluation of knee for fracture
IV CONTRAST:	Usually none unless for soft tissue infection.
ORAL CONTRAST:	None
PATIENT POSITIONING AND SCAN AREA:	Patient supine. Feet first. Knees extended. Landmark at distal femur. Scan through the fracture, including the joint. If you are scanning the joint for an articular osteochondral defect instead of for fracture, scan from the upper 1/3 of the femoral condyle to below the joint surface of the tibia. No gantry angle.
GENERAL EXAM GUIDELINES:	2.5 x 2.5 mm axial images with 3 mm sag and cor recons. 200 DFOV.
TRIGGER OR CONTRAST DELAY:	None
TECHNIQUE GUIDELINES:	120 kvp. 330 ma at 0.8 seconds
LABEL:	SCOUT*, EXT*. The * means anything after these beginnings will hang correct in pacs
RECON 1:	.625mm thick/.625 mm interval. Bone recon at 2000ww/200wl. With 3 mm COR and SAG MPRs.
RECON 2:	2.5mm thick /2.5 mm interval. Bone recon 2000ww/200wl.
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 lower extremity CT without contrast

SCOUT PROTOCOL SET IN SCANNER

Scan Type	Start Loc	End Loc	kV	mA	Scout Plane	Voice Lights Timer
Scout	S150.00	I100.00	120	40	90 and 180	N
	Above knee	Below knee				

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 0.5 sec rotation	S0.0	I100.0	0.625 19.37 0.969:1	0.625	S0.0	Small Body	120	330 DR 50%	25.0	0.625mm Bone 2000ww 200wl For recons SS50	2.5mm Bone 2000w 200l Send to Pacs SS50	2.5mm Std 400w 40l SS50	

Updated 1/30/2018