

**GE VCT 64 SLICE PROTOCOLS**

<b>Protocol Name:</b> LUMBAR SPINE WITH CONTRAST ADULT	
INDICATIONS:	Evaluation of lumbar 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. Feet first. Arms above head. Landmark at lower sternum. Above L1 to S1 or check with Radiologist or ordering doctor about which levels to scan. No gantry angle.
GENERAL EXAM GUIDELINES:	2.5 x 2.5 mm axial images with 3 mm sag and cor recons. 160 DFOV.
TRIGGER OR CONTRAST DELAY:	70 second delay
TECHNIQUE GUIDELINES:	120 kvp. Smart MA on.
LABEL:	SCOUT*, LUMBAR *. 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 lumbar CT with contrast

**SCOUT PROTOCOL SET IN SCANNER**

Scan Type	Start Loc	End Loc	kV	mA	Scout Plane	Voice Lights Timer
Scout	S0.00	I500.00	120	40 and 20	90 and 0	N
	Above chest	Iliac crest				

**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 0.7 sec rotation	S0.0	I200.0	0.625 39.37 0.984:1	0.625	S0.0	Large Body	120	650 22.10~  Smart mA On  DR 40%	16.0	0.625mm Bone+  2000ww 200wl  For recons SS60	2.5mm Bone+  2000w 350l  Send to Pacs SS40	2.5mm Std  400ww 40wl  Send to Pacs SS40	On  3mm Cor and Sag  Send to Pacs

Updated 1/31/2018