CT Abdomen and/or Abdomen-Pelvis Bariatric   GE- 6020

Maximum CTDI___35__

Indication: Evaluation of abdomen pain for obstruction > 7 days post op by-pass surgery

Note: If patient is an inpatient an NG tube may be needed for oral contrast administration

PT Prep: Oral contras. Give half a bottle of barium (225ml). Wait at least an hour.   Second half of bottle to be given prior to getting on the CT table.

IV contrast – Yes (follow IV contrast administration guidelines)
      20g to 18 g peripheral IV needed for contrast administration

Series 1:   Scouts AP & LAT – Supine "O" at Xiphoid Process S20 to I550

Series 2:   Scan from above the diaphragm to iliac bifurcation (abdomen only) or to pubic symphysis
    (if pelvis ordered.)
Inject 100cc of IV contrast @ 2-3cc/sec. (Contrast dose may be adjusted based on CrCl)

Technique: **Delay: 70 seconds**

	128 slice	**32 slice w/ASIR**	**64 slice**	**64 slice w/ASIR 30%**
Noise Level	18.23	14.64	11.60	11.60
Interval	2.5mm	2.5mm	2.5mm	2.5mm
Axial/Helical Thickness	2.5mm	2.5mm	2.5mm	2.5mm
Pitch	0.984:1	1.375:1	0.984:1	0.984:1
Speed mm/rotation	39.37	55	39.37	39.37
Detector Rows				
Detector Configuration				
Beam Collimation	40mm	40mm	40mm	40mm
Kv/mA	Auto mA — if large pt. use manual & maximize mA	Auto mA — if large pt. use manual & maximize mA	Auto mA — if large pt. use manual & maximize mA	Auto mA — if large pt. use manual & maximize mA
Scan Type	Helical Full 0.8 sec	Helical Full 0.7 sec	Helical Full 0.7 sec	Helical Full 0.7 sec

Networking/ PACs: Send scouts
    Send series 2 Standard Soft Tissue Algorithm
    Recon and send lung images in Lung Algorithm
    Recon and send bone images with Bone Algorithm
    Recon and send MPR images in Standard Algorithm
    Record DLP in PACS comments

Original Date: 4-8-04   Approved by: Dr. Rehfuss , MCR _____
Revised Date: 11-9-04, 1-11-10   12/8/10   04/17/13 7/1/14   12/15/2015 2/28/18

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