

CT Abdomen/Pelvis - Trauma

GE- 6016

Maximum CTDI__35____

Indication: Blunt Trauma

Note: For stab wounds & GSW have trauma team place a marker at the entrance site if possible
If **renal injury** do a **10 minute delay** of kidneys, ureters and bladder 5 x 5.
Rectal contrast may be needed to evaluate bowel. Mix 50ml of Omni 240 with 1000ml water in an empty enema bag **(Do not use barium)**.

PT Prep: No Oral contrast
IV contrast – Yes (follow MCR IV contrast dosing guidelines)

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

Series 2: Scan from above the diaphragm to bottom of lesser trochanters
Inject IV contrast per MCR contrast dosing guidelines @ 2-3cc/sec.

Technique: **Delay: 70 seconds**

	750 HD (128) CT2	Optima 660 OVIC	VCT 64 CT3	Optima 660 CT1
Noise Level	18.23	14.64	11.60	11.60
Interval	5mm	5mm	5mm	5mm
Axial/Helical Thickness	5mm	5mm	5mm	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 0.8 sec	Helical Full 0.8 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. Songmen, MCR _____

Revised Date: 11/9/04, 1/11/10, 12/8/10, 04/17/13, 12/15/2015, 2/28/18, 07/27/21, 1/30/24

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