

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. 30cc Gastroview to 1500cc warm water mixed in an empty barium bag.

PT Prep: No Oral contrast
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 bottom of lesser trochanters
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 0.8 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. Rehfuß , MCR _____

Revised Date: 11-9-04, 1-11-10 12/8/10 04/17/13 12/15/2015 2/28/18