

# CT Chest/Abdomen/Pelvis - Trauma

GE- 6014

Maximum CTDI\_\_\_60\_\_\_

Indication: Trauma

Note: For stab wounds & GSW have trauma team place a marker at the entrance site if possible

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 Sternal notch S20 to I600

Series 2: Scan from lung apices to bottom of lesser trochanters. **Keep FOV same for whole scan.**  
Inject 100cc of IV contrast @ 3cc/sec. (Contrast dose may be adjusted based on CrCl)

Technique: **Delay: 70 second delay**

	128 slice	32 slice w/ASIR	64 slice	64 slice w/ASIR
Noise Level	16.10	14.00	14.00	14.00
Interval	2.5mm	2.5mm	2.5mm	2.5mm
Axial/Helical Thickness	2.5mm	2.5mm	2.5mm	2.5mm
Pitch	0.984:1	0.984:1	0.984:1	0.984:1
Speed mm/rotation	39.37	39.37	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 0.8 sec	Helical Full 0.8 sec	Helical Full 0.8 sec

Networking/ PACs: Send scouts  
Send series 2 Standard Soft Tissue Algorithm 5mm/2.5 mm  
Recon and send lung images in Lung Algorithm 2.5mm  
Recon and send bone images with Bone Algorithm  
Recon and send MPR images in Standard Algorithm  
**Recon and send MIP lung images**  
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