University Health™	Policy #: Rad Proc 13.13.5
SUBJECT: CT Pulmonary Embolism 5.5	Effective: 10/2013 Reviewed: 03/07/2017
APPROVED BY: Body Imaging Medical Director	Page 1 of 2

Purpose: To provide computed tomography staff with the required protocol for performing CT Chest for Pulmonary Embolism

Scope: All adult patients 18 years and older.

Clinical Indication: Short of breath; acute chest pain; DVT
Patient Preparation: Clear liquid diet (6 hours prior to exam)
Orientation: Feet first
Breathing: Inspiration
Oral Contrast: None
IV Contrast per Weight: 1ml/lb or 2ml/kg not to exceed 150ml injected @ 4ml/sec
Coverage: Base of heart through top of aortic arch
Anatomic Reference: Sternal notch
Scan Delay: Smart prep, care bolus or test dose
18 gauge IV in Antecubital fossa! NOT HAND NOT 22 gauge; Patient must raise arms above head and hold breath during exam. Do not wait for threshold on graph or quantitatively-at first visual sign of any contrast in the heart start scan.
****If patient intubated – Notify Radiology who will communicate with ICU staff – ICU staff may be able to turn off ventilator off during arterial run****

Group 1: Arterial Phase BASE OF HEART THROUGH TOP OF ARCH (Bottom-up)
Smart prep or care bolus Pulmonary Trunk: Monitoring delay 0 sec ISD 1 Threshold 100

Scan Mode	Thickness Speed Pitch	Table Interval	SFOV	kVp	Auto mA/ Noise Index	Prep Time (sec)	Recon Type
LS 16 0.8 sec Helical Full	**5 27.50 1.375:1**	5	Large	120	80-440 11.5	Smart Prep Pulmonary Trunk	Standard
VCT 0.8 sec Helical Full	**5 55.00 1.375:1**	5	Large	120	80-600 11.5	Smart Prep Pulmonary Trunk	Standard
AS 64 0.5 sec Helical	5 1	5	380	120	Ref MAS 250	Care Bolus Pulmonary Trunk	Standard

DFOV: Rib to rib

Algorithm: Standard Show recon 1= 2.5mm Recon 2= 0.625mm
Reformats: Coronal and Sagittal reformations through Right and Left Pulmonary Arteries
Network: Recon 1 and MIPs to PACS. Recon 0.625mm auto transmit AWSERV

Notes: Start scan at base of heart, not in abdomen.
Auto mA must be on and mA table checked prior to scanning.