

 University Health™	Policy #: Rad Proc 13.14.3
SUBJECT: CT Abdomen/Pelvis 6.3	Effective: 10/2013 Reviewed: 03/07/2017
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Purpose: To provide computed tomography staff with the required protocol for performing CT Trauma Abdomen/Pelvis with Urinary System Delay

Scope: All adult patients 18 years and older.

Clinical Indication: Abdominal pain, abdominal trauma, pelvic trauma

Patient Preparation: Full bladder (Clamp Foley catheter); rectal contrast option per Radiologist

Orientation: Feet first

Breathing: Inspiration

Oral Contrast: Per Trauma Service (see proc. 6.12.1)

IV Contrast per Weight: 1ml/lb or 2ml/kg not to exceed 150ml injected @ 3ml/sec

Coverage: Dome of diaphragm through ischial tuberosities

Anatomic Reference: Xiphoid process;

Scan Delay: Smart prep or care bolus

Group 1: Venous Abdomen – Dome of diaphragm through ischial tuberosities

Smart prep (GE) or care bolus liver: Monitoring delay 45 sec ISD 5 Threshold 50

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 Liver	Standard
VCT 0.8 sec Helical Full	5 55.00 1.375:1	5	Large	120	80-600 11.5	Smart Prep Liver	Standard
AS 64 0.5 sec Helical	5 1	5	380	120	Ref MAS 250	Care Bolus Liver	Standard

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Group 2: Five minute delays- top of kidneys through ischial tuberosities

Scan Mode	Thickness Speed Pitch	Table Interval	SFOV	kVp	Auto mA/ Noise Index	Prep Time (sec)	Recon Type
0.8 sec Helical Full	5 27.50 1.375:1	5	Large	120	80-440 11.5	5 min.	Standard
VCT 0.8 sec Helical Full	5 55.00 1.375:1	5	Large	120	80-440 11.5	5 min.	Standard
AS 64 0.5 sec Helical Full	5 1	5	380	120	Ref mAs 250	5 min	Standard

Algorithm: Recon 1 & 2 Standard

Reformation: 2.0 Sagittal and Coronal reformations of venous phase.

Network: Recon 1 (5mm) to PACS. Recon 2 (1.25) auto transmit to AWSERV

Notes: Auto mA must be on and mA table checked prior to scanning.