ROUTINE NECK 64 GE

Indications	Sore throat, neck mass, difficulty swallowing, hoarseness			
Diagnostic Task	Detect lymphoma, cancer, neck abscess, lymphoma, vocal cord paralysis			
Scan Mode	Helical			
Position/Landmark	Head first-Supine S250-I100			
Topogram	AP 120kV 20mA Lat 120kV 80mA			
kVp/Reference mass	120kv Auto mA (100-700)			
Rotation time/pitch	0.5/0.516:1			
Detector Configuration	64x0.625			
Table Speed/Increment	20.62			
Dose reduction	Noise Index 12.60			
Allowed CTDI ranges*	30mGy-80mGy			
XR29 Dose Notification value	80mGy			
PRE INJECT	40ml at 1.5cc/sec wait 50sec			
Helical Set	body	thickness		recon
60ML at 2.5cc/sec	recon part	spacing	algorithm	destination
30second delay	1 neck	1.25mmx 1.25mm	standard	pacs
	2 coronal neck	2mmx2mm	standard	pacs
	3 sag neck	2mmx2mm	standard	pacs
Axial Set(optional)	body	thickness		recon
	recon part	spacing	algorithm	destination
	1 neck	2.5mmx 2.5mm	standard	pacs
	only do if patient has dental hardware that causes artifact-angle away from teeth			
Scan Start/end location	ROUTINE / VOICE CHANGE/ VOCAL CORD PARALYSIS			
	top of orbital roof	1	top of orbital roof	
	sternoclavicular junction / down to the carina			
DFOV	20cm-include area of interest			
	do not clip nose			
IV contrast volume/type	split injection- 40ml at 1.5cc/sec wait 50sec- resume injection 60ml at 2.0ml/sec			
Scan delay	scan when injection is complete(appox 120sec from start of 1st injection) note: Please place a BB on any palpable mass			
Note:	The Diagnostic Reference Dose (CTDI vol) is 75mGy(with 16cm CTDI phantom). The pass/fail limit (ACR and Washington state) is 80mGy. Most routine head scans on modern scanners have CTDIvol ranges between 40 and 60mGy. *The AAPM recommended NEXA XR29 Dose Notification Value for an adult head is 80mGy. The maximum CTDIvol should match the dose notification value. Exams with CTDI vol values less than the minimum allowed range should not be performed unless approved by a radiologist.			