Red Zone

PEDIATRIC BODY CT PROTOCOL

Indications ULTRA-LOW DOSE CT / Multiple Prior CT, MSK, Bone

Scout Images	AP & Lateral
KVP	80
MA	10

Scan location: determined by Pedi Radiolgist Rate /scan delay: determined by Pedi Rad IV contrast: Determined by pt weight

2cc/kg 1lb/2.2=weight in kg

Scan Series	16 Slice GE	64 Slice GE	8 Slice GE		
Mode	Helical	Helical	Helical		
Time	0.5 seconds	0.5 seconds	0.5 seconds		
Thickness	5 mm	5 mm	5 mm		
Pitch	1.375	1.375	1.35		
Speed	27.5	55	13.5		
Interval	5 mm	5 mm	5 mm		
Gantry tilt	0	0	0		
Breath hold	Inspiration if possible				
KV					
Auto MA	REFER ZONE	REFER ZONE	REFER ZONE		
Noise Index	-				
DFOV	* * * * * *	SKIN TO SKIN	\ *****		
ALG	* * * * * *	STANDARD	* * * * *		
Recon 2:	2.5 mm	Retro Reco:	Thins	Reformats: Sa	ag & Cor
Thickness	2.5	Thickness	1.25	Thickness	2
Interval	2.5	Interval	0.625	Interval	2
ALG	Standard	ALG	Standard	ALG	abdomen
ALG Send series		ALG Do Not send se		ALG Send series to	
				-	
			eries to PACS	-	
	to PACS	Do Not send se	eries to PACS	Send series to	PACS
Send series	to PACS Weight	Do Not send se Noise Index	eries to PACS Minimum mA	Send series to Maximum mA	PACS kVp
Send series	to PACS Weight <20 lbs	Do Not send se Noise Index 8	minimum mA	Send series to Maximum mA 100	PACS kVp 80
Send series 1 BABIES CUTIES	Weight <20 lbs 21-60 lbs	Do Not send se Noise Index 8 10	Minimum mA 50 50	Send series to Maximum mA 100 100	PACS kVp 80 100

*Be sure to indicate The Zone and Patient's weight on both the patient information page of the scan, and the comments section of RIS.