RIH – HELICAL PEDI BRAIN SIEMENS DEFINITION AS20 PROTOCOL

Indications: Non contrast: cva, intracranial bleed, mental status change, trauma,

hydrocephalus.

Contrast: suspicion of mass, known primary brain lesion, metastases

Position/Landmark	Supine head first or feet first	
	1cm superior to skull vertex	
Topogram Direction	Craniocaudal / Craniocaudal	
Respiratory Phase	Any	
Scan Type	Helical	
Ref kV/Ref mAs/Rotation time (sec) Pitch / Speed (mm/rotation) Safire Strength / Dose Optimization	Care kV 120 / Care Dose4D 220 / 0.5 sec .6:1, 7.5mm 1 / non contrast 3 iv contrast 6	
Detector width x Rows = Beam Collimation	$0.625 \text{mm} \times 20 = 12.5 \text{mm}$	
Average Tube Output	ctdi – 25.0 mGy dlp – 400 mGy.cm	
Helical Set Slice Thickness/ Spacing Algorithm Recon Destination	1 thick helical brain 5mm x 5mm J40f medium 2 axial brain reformat 5mm x 5mm J40f medium 3 axial skull reformat 5mm x 5mm H60f sharp 4 coronal brain reformat 5mm x 5mm J40f medium	pacs pacs pacs
	6 thin skull .75mm x .7mm H60f sharp t	terarecon erarecon
Scan Start / End Locations	1cm inferior to skull base 1cm superior to skull vertex 25cm	
DFOV	decrease appropriately	
IV Contrast Volume / Type / Rate	Contrast volume is 1cc per pound of body weight Omnipaque300 / 1.5cc per second	
Carry Dallary	or hand injection if necessary	
Scan Delay	minimum of 2 minutes	
2D/3D Technique Used	Workstream 4d mpr 5mm x 5mm axial brain reformats in the glameatal plane, auto transferred to PACS Workstream 4d mpr 5mm x 5mm axial skull reformats in the glameatal plane, auto transferred to PACS Workstream 4d mpr 5mm x 5mm coronal brain reformats perpethe glabello-meatal plane, auto transferred to PACS	abello-
_	rised of all mpr's, Recon 1 is used only to acquire data. Recons 2-4 accon 5 and 6 are thin image data to terarecon.	are
Do not alter the pitch setting of thi	s protocol.	
Images required in PACS	Topograms, 5mm x 5mm axial brain, 5mm x 5mm coronal brain, 5mm axial skull, Patient Protocol	5mm x