RIH – PELVIS FOR FRACTURE / ACETABULUM
GE LIGHTSPEED 16 / OPTIMA CT580 PROTOCOL

Indication: trauma, fracture, dislocation

Position/Landmark	Head first or feet first-Supine Iliac Crest
Topogram Direction	Craniocaudal
Respiratory Phase	Suspension
Scan Type	Helical
KV / mA / Rotation time (sec) **Pitch / Speed (mm/rotation)** **Noise Index / ASiR / Dose Reduction**	120kv / smart mA (100-440) / 0.5 sec 1.375:1 , 27.50mm 13.5 / 30 / 30%
Detector width x Rows = Beam Collimation	1.25mm x 16 = 20mm
Average Tube Output	ctdi – 10.7 mGy dlp – 313 mGy.cm
Helical Set Slice Thickness/ Spacing Algorithm Recon Destination	recon / body part / thickness/ spacing / algorithm / recon destination 1 / **pelvis soft tissue** / 5mm x 5mm / standard / pacs 2 / thin pelvis / 1.2mm x .6mm / bone / for dmpr 3 / **pelvis bone** / 2.5mm x 2.5mm / bone / pacs
Scan Start / End Locations **DFOV**	1 cm superior to iliac crest lesser trochanters 38cm decrease appropriately
IV Contrast Volume / Type / Rate	
Scan Delay	
2D/3D Technique Used	DMPR: **sagittal and coronal reformats**, 3.0mm x 3.0mm, average mode

Comments: Recon 1 is a thin helical volume of the pelvis that is archived and used in direct multi-planar reformats.

When bilateral hips are ordered and there is no obvious fracture, sagittal and coronal reformats of the pelvis are required.
If there is a fracture that does not involve the hip joint, sagittal and coronal reformats of the pelvis are required.
If there is a fracture that does involve the hip joint, sagittal and coronal reformats of the hip, in respect to the femoral neck are required.

When a **ct cystogram** is ordered, instill 50 cc of Omni 300 into 500cc of normal saline and retrograde drip into the bladder via the patient's foley.

Images required in PACS	Scouts, 2.5mm x 2.5mm axial pelvis for bone, 5mm x 5mm pelvis for soft tissue, 3mm x 3mm sagittal reformats, 3mm x 3mm coronal reformats, Dose Report