RIH - WRIST/HAND CT
GE LIGHTSPEED 16 / OPTIMA CT580 PROTOCOL

Indication: fracture, dislocation, osteomyelitis, bone injury, bone tumor.

Position/Landmark	Supine , feet first Zero Appropriately
Topogram Direction	Craniocaudal
Respiratory Phase	Any
Scan Type	Helical
KV / mA / Rotation time (sec) **Pitch / Speed (mm/rotation)** **Noise Index**	120kv / smart mA (100-440) / .5 sec .938:1 , 9.37mm 25.00
Detector width x Rows = Beam Collimation	0.625mm x 16 = 10mm
Helical Set Slice Thickness/ Spacing Algorithm Recon Destination	<table><tr><td>recon</td><td>body part</td><td>thickness/ spacing</td><td>algorithm</td><td>recon destination .</td></tr><tr><td>1</td><td>thin wrist/hand</td><td>.6mm x .6mm</td><td>bone</td><td>for dmpr</td></tr><tr><td>2</td><td>**wrist/hand bone**</td><td>1.25mm x 1.25mm</td><td>bone</td><td>pacs</td></tr><tr><td>3</td><td>**wrist/hand soft tissue**</td><td>1.25mm x 1.25 mm</td><td>standard</td><td>pacs</td></tr></table>
Scan Start / End Locations **DFOV**	determined by technologist or radiologist to include the anatomy of interest 18cm decrease appropriately
IV Contrast Volume / Type / Rate	70cc omni 350 / 2cc per second if needed
Scan Delay	65 seconds
Archiving to MOD	Only prospective recons will be archived to mod as done by the scanner.
2D/3D Technique Used	DMPR of 2mm x 2mm coronal and sagittal wrist/hand series (auto-batch off), average mode, auto-transferred to PACS Also, there is a 2mm x 2mm true axial reformat if needed due to the patient's position. For wrist ct with attention to scaphoid: 1mm small foc scaphoid reformats, parallel to the long axis of the scaphoid bone.
Comments: Recon 1 is a single thin helical group of the wrist/hand for direct mpr. Recon 2 is the wrist/hand, bone algorithm ct going to PACS. Recon is wrist/hand, standard algorithm ct going to PACS.	
Images required in PACS	Scouts,1.25mm x 1.25mm axial wrist/hand bone, 1.25mm x 1.25mm axial wrist/hand standard, 2mm x 2mm sagittal wrist/hand, 2mm x 2mm coronal wrist/hand, Dose Report

updated Jan 23, 2017