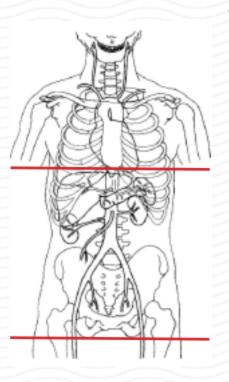


CT Abdomen/Pelvis with Contrast - Oral & IV



| Indications | unspecified abdominal pain, trauma | | |
|----------------------|--|--|--|
| Patient Position | Supine | | |
| Contrast | IV = 100 mL + oral if tolerated | | |
| Injection rate | 2.5 mL/sec minimum 22 g | | |
| Contrast timing | Portal venous phase 60 - 75 sec | | |
| Respiration | Breath- hold | | |
| Scan Parameters | dome of diaphragm through ischial tuberosity | | |
| Special instructions | Trauma- use IV and oral IF patient can tolerate | | |
| | Standard trauma & general A/P scans should NOT have delayed imaging without approval from Radiologist. Exception: high clinical suspicion for severe pelvic fx or bladder rupture. | | |

| PLANE | ALGORITHM | THICKNESS | DFOV | RECONS |
|--------------|-----------|-----------|-------------------|---------------------|
| Axial + C | Abdomen | 5.0 mm | pt largest + 4 cm | Portal venous phase |
| Coronal + C | Abdomen | 5.0 mm | | X |
| Sagittal + C | Abdomen | 5.0 mm | | Х |



- Use at least 22g needle
- · Follow GFR and Metformin protocols for contrast studies
- · LMP on pts of child-bearing age
- Shield children when possible

Any deviation from protocol MUST be Radiologist approved. Rad Director will be notified if this occurs without prior approval.