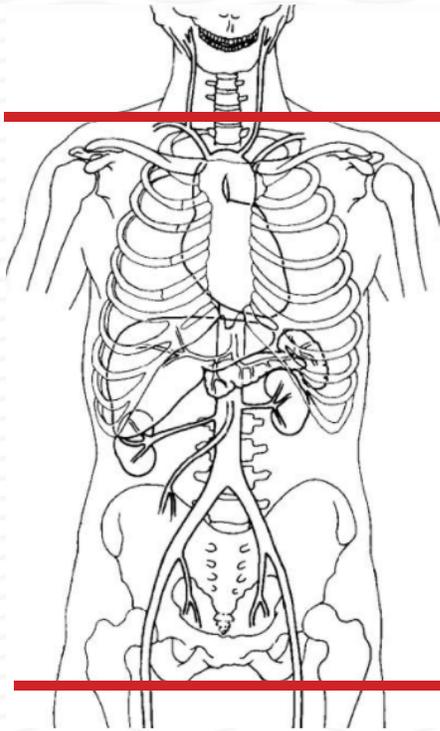


## CT TRAUMA Chest/Abdomen/Pelvis (CAP) with IV Contrast



<b>Indications</b>	<b>unspecified abdominal pain, trauma</b>
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	lung apices through ischial tuberosity
Special instructions	<u>Trauma- use IV and oral IF patient can tolerate</u>
	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.
<b>NOTE</b>	<b>Do spine recons ONLY if ordered by the provider. Spine recons on trauma pts MUST be ordered as CT T spine &amp; CT L spine.</b>

PLANE	ALGORITHM	THICKNESS	DFOV	RECONS	NOTES
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		X	
Axial, Sagittal & Coronal + C	BONE	3.0 mm		X	If ordered by the provider, T & L SPINE scans are to be reconstructed from the initial images. No need to rescan the patient.

### NOTES:

- Use at least 22g needle, prefer 18 g
- 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.