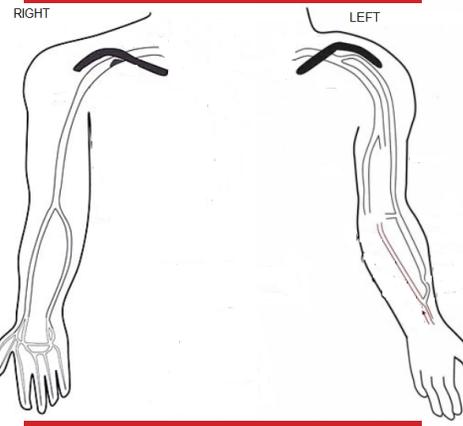


CTA Upper Extremity



Indications	vascular injuries in upper extremity trauma, including arterial laceration, transection, dissection, thrombotic occlusion, pseudoaneurysm, arteriovenous fistula
Patient Position	Supine, Extremity of interest is placed by patients side. Other arm should be placed over patients head. PIV should not be in arm of concern.
Contrast	Facility specific; Contrast amount determined by weight and renal function.
Injection rate	4 ml/sec using 20 g PIV Minimum. PIV should not be in arm of concern. Prefer 18 g
Respiration	Breath- hold
Scan Parameters	Above shoulder through below hand
FOV	Coned to the arm in question

PLANE	ALGORITHM	THICKNESS	DFOV	
Axial + C	soft tissue	1 mm x 0.8 mm	Patient Largest + 4 cm	TIMING: 20 sec delay or ROI on aorta @ 200 HU
Coronal and Sagittal + C	soft tissue	1 mm x 0.8 mm		Reformats of above
Coronal and Sagittal + C	MIP	8.0 mm x 5.00 mm		Reformats

NOTES:

- Use at least 20g needle, prefer 18 g
- Follow GFR and Metformin protocols for contrast studies
- LMP on pts of child-bearing age
- Shield children when possible