

PATIENT NAME: [patient name]

EXAM DATE: [exam date] **AGE:** [age] **SEX:** [sex] **I.D.#:** [patient I.D.]

CT ELBOW WITH	Indication: Infection/cellulitis
CONSENT FORMS	Consent Form
ORAL CONTRAST	NONE
IV CONTRAST	2.5 CC/SEC FOR 100 CC - MAKE SURE ALL OF CONTRAST IS IN BEFORE SCANNING
POSITIONING	PRONE, HEAD FIRST, ARM EXTENDED HAND WITH PALM UP.
SCOUT	S100/I 100, 120 KVP @ 10 MA, AP & LAT
TECHNIQUE - 16 SLICE	HELICAL, 0.625 MM/INT 0.25 MM, STD W400/L40 120 KVP @ SMART/AUTO 200 MAX MA, 30% ASIR FOV - 18 CM (FIT TO ANATOMY) MAKE SURE TO INCLUDE ALL OF ELBOW SWELLING/REDNESS
TECHNIQUE - 64 SLICE	HELICAL, 0.625 MM/INT 0.25 MM, STD W400/L40 KVP 120 @ SMART/AUTO 200 MAX MA, 30% ASIR FOV 18 CM (FIT TO ANATOMY) MAKE SURE TO INCLUDE ALL OF ELBOW SWELLING/REDNESS
TECHNIQUE - 128 SLICE	
RECONS	16 SLICE-1.25 MM, BONE PLUS W2500/L250 16 SLICE-1.25 MM, STD W400/L40 64 SLICE-1.25 MM, STD W400/L40 64 SLICE-1.25 MM, BONE PLUS W2500/L250
REFORMATIONS	OBL CORONAL & OBL SAGITTAL TO THE HUMERAL CONDYLES - AVG 0.6 MM THICK /1.5 MM SPACING, BONE PLUS W2500/L250 -AVG 0.625 MM THICK / 1.5 MM SPACING, STDW400/40 if fracture - 3D with right to left rotation
PACS	SCOUT 1.25 MM - BONE 1.25 MM - ELBOW W EXT COR & EXT SAG - (STD & BONE)
CHARGE	CT ELBOW WITH CONTRAST
REMARKS	CHANGE THE ALGORITHM TO BONE FOR ANATOMY WITH HARDWARE TO SOFTEN THE IMAGES MAKE SURE 100 CC OF CONTRAST

IS ALL IN BEFORE SCANNING.