

PATIENT NAME: [patient name]

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

CT ELBOW WO	
CONSENT FORMS	Consent Form
ORAL CONTRAST	NONE
IV CONTRAST	NONE UNLESS PHYSICIAN ORDERS W/CONTRAST
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, BONE PLUS W2500/L250 120 KVP @ SMART/AUTO 200 MAX MA - 30% ASIR FOV - 18 CM (FIT TO ANATOMY) MAKE SURE TO INCLUDE ALL OF FRACTURE SITE
TECHNIQUE - 64 SLICE	HELICAL 0.625 MM/INT 0.25 MM, BONE PLUS W2500/L250 120 KVP @ SMART/AUTO 200 MAX MA 30% ASIR FOV 18 CM (FIT TO ANATOMY) MAKE SURE TO INCLUDE ALL OF FRACTURE SITE
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 W2500/L250 if fracture - 3D with right to left rotation
PACS	SCOUTS 1.25 MM - ELBOW WO 1.25 MM STD EXT COR & EXT SAG
CHARGE	CT ELBOW WITHOUT CONTRAST
REMARKS	CHANGE THE ALGORITHM TO BONE FOR ANATOMY WITH HARDWARE TO SOFTEN THE IMAGES IF CONTRAST IS ORDERED, MAKE SURE 100 CC OF

	<p>CONTRAST IS ALL IN BEFORE SCANNING. CHANGE FIRST SCAN TO STD. DMPRs WILL BE IN STD.</p>
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