

PATIENT NAME: [patient name]

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

CT FOOT 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	IMMOBILIZE FOOT WITH TAPE SUPINE, FOOT - FLAT ON TABLE IF POSSIBLE. IF NOT, POSITION HEEL ON TABLE WITH TOES STRAIGHT 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 KVP 120 @ SMART/AUTO 200 MAX MA, 30% ASIR DFOV- 18 CM (FIT TO ANATOMY) SCAN THROUGH FOOT INCLUDING THE ANKLE JOINT
TECHNIQUE - 64 SLICE	HELICAL; 0.625 MM, STD W400/L40 KVP 120 @ SMART/AUTO 200 MAX MA, 30% ASIR DFOV-18 CM (FIT TO ANATOMY) SCAN THROUGH THE FOOT INCLUDING ANKLE JOINT
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 SUBTALAR CALANEUS OBL AXIAL AVG 0.6 MM THICK/1.5 MM SPACING, W400/L40 If fracture - 3D with right to left rotation
PACS	SCOUT 1.25 MM - FOOT WO 1.25 MM - STD EXT COR & EXT SAG (BOTH STD AND BONE) XR ORIENTATION TOES UP OBL AXIAL
CHARGE	CT FOOT WITH CONTRAST
REMARKS	IF PT HAS METAL IMPLANTED OR CAST ON, INCREASE TECHNIQUE TO 140 KVP. CHANGE THE ALGORITHM TO BONE FOR ANATOMY WITH HARDWARE TO SOFTEN THE IMAGES

MAKE SURE 100 CC OF CONTRAST
IS ALL IN BEFORE SCANNING.