

**PATIENT NAME:** [patient name]

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

<b>CT HIP WITH</b>	Indication: Infection/cellulitis
<b>CONSENT FORMS</b>	Pregnancy Status Form (Female Patient) Consent to Contrast Material Form
<b>ORAL CONTRAST</b>	NONE
<b>IV CONTRAST</b>	2.5 CC/SEC FOR 100 CC - MAKE SURE ALL OF CONTRAST IS IN, BEFORE SCANNING
<b>POSITIONING</b>	SUPINE; FEET FIRST; ARMS OVER CHEST; CENTER AT ILIAC CREST, CENTER AT HIP HEIGHT; HEELS SEPARATED AND TOES TURNED IN; TAPE TOGETHER
<b>SCOUT</b>	S60 / I 350, 120 KVP @ 20 MA, AP & LAT NO BREATH-HOLD
<b>TECHNIQUE - 16 SLICE</b>	HELICAL - 1.25 MM, STD W400/L40 KVP 120 @ AUTO/SMART MA- 30% ASIR SFOV - LGE BODY / DFOV (FIT TO ANATOMY)  NO BREATH-HOLD; SCAN FROM TOP OF ILIAC CREST THROUGH SWELLING/REDNESS.
<b>TECHNIQUE - 64 SLICE</b>	HELICAL; 2.5 MM, STD W400/L40, KVP 120 @ AUTO/SMART MA 30% ASIR SFOV - LGE BODY / DFOV (FIT TO ANATOMY)  NO BREATH HOLD; SCAN FROM TOP OF ILIAC CREST THROUGH SWELLING/REDNESS
<b>TECHNIQUE – 128 SLICE</b>	
<b>RECONS</b>	16 SLICE-0.625 MM/INT 0.63 MM, STD W400/L40 (DMPR) 16 SLICE-2.5 MM, STD W400/L40  16 & 64 SLICE- 1.25 MM, BONE W2500/L250 (PELVIS) 16 & 64 SLICE- 2.5 MM, STD W400/L40 FOV 18 CM, CENTER OVER AFFECTED HIP AP & LAT <b>16 &amp; 64 SLICE</b> -1.25 MM, BONE W2500/L250 FOV 18 CM, CENTER OVER AFFECTED HIP AP & LAT
<b>REFORMATIONS</b>	OBL CORONAL LONG AXIS OF AFFECTED FEMORAL NECK, AVG 0.6 MM THICK / 1.5 MM SPACING, W400/L40 CORONAL AND SAGITTAL OF AFFECTED HIP AVG 0.6 MM THICK / 1.5 MM SPACING, W400/L40 CORONAL AND SAGITTAL OF AFFECTED HIP AVG 0.6 MM THICK / 1.5 MM SPACING, W 2500/L250

	If fracture - 3D with right to left rotation
PACS	SCOUT 1.25 MM –PELVIS W 1.25 MM –HIP W 2.5 MM – STD EXT COR & EXT SAG (HIP)- BOTH STD/BONE
CHARGE	CT HIP WITH CONTRAST
REMARKS	MAKE SURE 100 CC OF CONTRAST IS ALL IN BEFORE SCANNING.