

PATIENT NAME: [patient name]

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

CT PELVIS WO (For Fracture)	Hip/pelvis fracture, trauma for bony anatomy
CONSENT FORMS	Pregnancy Status Form (Female Patient) Consent to Contrast Material Form
ORAL CONTRAST	NONE
IV CONTRAST	NONE UNLESS PHYSICIAN ORDERS WITH CONTRAST
POSITIONING	SUPINE; FEET FIRST; ARMS OVER CHEST; CENTER AT ILIAC CREST, CENTER AT HIP HEIGHT; HEELS SEPARATED AND TOES TURNED IN; TAPE TOGETHER
SCOUT	S200 / I 150, 120 KVP @ 20 MA, AP & LAT NO BREATH-HOLD
TECHNIQUE - 16 SLICE	HELICAL - 1.25 MM, BONE W2500/L250 120 KVP @ AUTO/SMART MA- 30% ASIR SFOV - LGE BODY / DFOV - FIT TO ANATOMY NO BREATH-HOLD; SCAN FROM TOP OF ILIAC CREST THROUGH ENTIRE FRACTURE.
TECHNIQUE - 64 SLICE	HELICAL; 2.5 MM, BONE W2500/L250 120 KVP @ AUTO/SMART MA 30% ASIR NO BREATH HOLD; SCAN FROM TOP OF ILIAC CREST TO BOTTOM OF FRX
TECHNIQUE – 128 SLICE	
RECONS	16 SLICE-1.25 MM/INT 0.63 MM, BONE PLUS W2500/L250 (DMPR) 16 SLICE-2.5 MM, STD W400/L40 64 SLICE- 1.25 MM, STD W400/L40 64 SLICE – 1.25MM, BONE W2500/L250 16 & 64 SLICE-1.25 MM, BONE W2500/L250 FOV 18 CM, CENTER OVER AFFECTED HIP AP & LAT 64 SLICE-0.625 MM, BONE, W2500/L250 (DMPR)
REFORMATIONS	OBL CORONAL LONG AXIS OF THE AFFECTED FEMORAL NECK, CORONAL AND SAGITTAL OF PELVIS, AVG 0.6 MM THICK / 1.5 MM SPACING W2500/L250 If fracture - 3D with right to left rotation
PACS	SCOUT 1.25 MM – PELVIS WO 1.25 MM - HIP 1.25 MM STD EXT COR & EXT SAG, OBL CORONAL FEMORAL NECK
CHARGE	CT PELVIS WITHOUT CONTRAST
REMARKS	

CT PELVIS WO (For anteversion)	
CONSENT FORMS	Pregnancy Status Form (Female Patients)
ORAL CONTRAST	NO
IV CONTRAST	NO
POSITIONING	SUPINE; FEET FIRST, ARMS OVER CHEST; TOES STRAIGHT UP
SCOUT	S50/I300, 120 KVP @ 20 MA, AP STRAIGHT WITH TOES UP, SO BOTH HIPS LINE UP S50/I300 120 KVP @ 30 MA, LAT SCOUTS ARE USED FOR MEASUREMENT
TECHNIQUE-16 SLICE	AXIAL;5 X 5 MM , BONE 2500/L250 120 KVP @ AUTO/SMART MA, 30% ASIR NO BREATH HOLD SFOV - LGE BODY / DFOV - FIT TO ANATOMY SCAN FROM ILIAC CREST TO 2 CM BELOW LESSER TROCHANTER SCAN FEMURAL CONDYLES THROUGH BOTH KNEE JOINT SCAN THROUGH BOTH ANKLE JOINT – <i>ONLY IF SPECIFICALLY ASK FOR</i>
TECHNIQUE-64 SLICE	AXIAL;5 X 5 MM , BONE 2500/L250 120 KVP @ AUTO/SMART MA, 30% ASIR NO BREATH HOLD SFOV - LGE BODY / DFOV - FIT TO ANATOMY SCAN FROM ILIAC CREST TO 2 CM BELOW LESSER TROCHANTER SCAN FEMURAL CONDYLES THROUGH BOTH KNEE JOINT SCAN THROUGH BOTH ANKLE JOINT – <i>ONLY IF SPECIFICALLY ASK FOR</i>
RECONS	STD W400/L40 16 SLICE-1.25 MM/INT 0.63 MM, BONE PLUS W2500/L250 (DMPR) 64 SLICE- 0.625 MM, BONE PLUS W2500/L250 (DMPR)
REFORMATIONS	CORONAL AND SAGITTAL OF PELVIS, AVG 0.6 MM THICK / 1.5 MM SPACING W2500/L250
PACS	SCOUT 5 MM - STD 5 MM – ANTEVERSION EXT COR & EXT SAG -OF PELVIS
CHARGE	CT PELVIS WO
REMARKS	CALL MSK MRI RADIOLOGIST TO FIND OUT WHAT IMAGES TO OVERLAY TO MEASURE HIP DEGREES FOR ANTEVERSION.