

PATIENT NAME: [patient name]

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

CT WRIST 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 DOWN
SCOUT	S100/I 100, 120 KVP @ 10 MA, AP & LAT
TECHNIQUE - 64 SLICE	HELICAL 0.625 MM/INT 0.25 MM, STD W400/L40 120 KVP @ 85 MA, 30% ASIR FOV 12 CM (FIT TO ANATOMY) MAKE SURE TO INCLUDE ALL OF SWELLING/REDNESS
TECHNIQUE - 128 SLICE	
RECONS	64 SLICE-1.25 MM, STD W400/L40 64 SLICE-1.25 MM, BONE PLUS W2500/L250
REFORMATIONS	OBL CORONAL & OBL SAGITTAL TO THE HOOK OF THE HAMATE & TRAPEZIUM TUBERCLE - AVG 0.6 MM THICK /1.5 MM SPACING W400/L40 If fracture - 3D with right to left rotation
PACS	SCOUT 1.25 MM -WRIST WO 1.25 MM - STD EXT COR & EXT SAG - BONE & STD XR ORIENTATION FINGERS UP
CHARGE	CT WRIST WITH
REMARKS	CHANGE THE ALGORITHM TO BONE & KVP 140 FOR ANATOMY WITH HARDWARE TO SOFTEN THE IMAGES MAKE SURE 100 CC OF CONTRAST IS ALL IN BEFORE SCANNING. DMPRs WILL BE IN STD.