

PATIENT NAME: [patient name]

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

CTA BRAIN/CAROTIDS W/ & PERFUSION (STROKE PROTOCOL)	
CONSENT FORMS	Consent to Contrast Material Medication Reconciliation Form (Outpatients)
ORAL CONTRAST	NONE
IV CONTRAST	4-5 CC/SEC, PREFER 18g IV. REFER TO W09803 TIMING BOLUS 4.0-5.0 PER SEC FOR 20-30 CC ANGIO 4-5 CC/SEC FOR 80 CC CONTRAST PERFUSION 4-5 CC/SEC FOR 45 CC SALINE
POSITIONING	SUPINE; HEAD FIRST, ARMS DOWN BY SIDE, HEAD HOLDER; CENTER AT STERNAL NOTCH
SCOUT	S350 / I 150, 120 KVP @ 20 MA, AP & LAT
TECHNIQUE- BRAIN W/O Show the Radiologist this series before continuing rest of protocol	ANGLE GANTRY TO BE PARALLEL WITH PETROUS RIDGES AXIAL; 5.0 MM/4i, STD, W100/L40, ASIR 30%, 20 INTERVAL / 0.5 SEC 120 KVP @ 425 DR/AUTO MA, NI 2.66 SFOV - HEAD/DFOV - 24 CM FROM BASE OF SKULL TO TOP OF HEAD ***TRAUMA BRAIN- KVP 120 @ 450 DR/AUTO MA, NI 2.38, 5MM/8i, 40 INTERVAL
TECHNIQUE - PERFUSION	AXIAL; SHUTTLE MODE 80 KVP @ 600 MA SFOV-LG BODY/DFOV- 25 CM DELAY 5 MIN BETWEEN CTA SCAN AND PERF SCAN START SCAN AND INJECT AT THE SAME TIME SCAN 80 CM FROM BASE OF SKULL TO MID BRAIN SCAN IS 47 TO 53 SECONDS
TECHNIQUE - TIMING BOLUS	AXIAL/1.0 SEC; 0.625 MM, W800/L100 KVP 120 @ AUTO/SMART MA-30% ASIR SFOV-LG BODY/DFOV - 25 CM IN THE NECK
TECHNIQUE - ANGIO	HELICAL; 0.625 MM, W800/L100 KVP 120 @ AUTO/SMART MA 30% ASIR SFOV-LG BODY/DFOV - 25 CM TIMING BOLUS PEAK (COUNT TICKS X2) FOR SCAN DELAY TIME SCAN FROM TOP OF CRANIUM TO AORTIC ARCH
RECONS	1.25 MM STD W800/L100
REFORMATIONS	SAGITTAL & CORONAL 1.25 MM, AVG W800/L100 WORKSTATION PERFUSION MAPS 3D MIP-360 RT TO LT & 360 END OVER END THICK AXIAL MIP 10MM THICK/2MM INTERVAL

PACS	SCOUT 1.25 MM - CTA CTA COR & CTA SAG & CTA AX MIP 3D MIP PERFUSION MAPS-SEPARATE MAPS INTO SEPARATE SERIES
CHARGE	CTA BRAIN/CAROTID W/PERFUSION CONTRAST AND SALINE USED
REMARKS	PATIENT HAS TO REMAIN VERY STILL TO HAVE THE STUDY READ AS FAST AS POSSIBLE. TIMING BOLUS CAN BE ELIMINATED IF TIMED OFF OF THE PERFUSION BOLUS.