

CTA TAVR	EVALUATION AND PLANNING FOR TAVR PROCEDURE
CONSENT FORMS	CONSENT TO CONTRAST MATERIAL NURSE TO CHECK VIATL SIGNS PRIOR TO SCAN
ORAL CONTRAST	NONE
IV CONTRAST	4.0 CC/SEC FOR 150 CC/ NS (USE 50 CC FOR DUAL)
POSITIONING	SUPINE FEET FIRST; ARMS ABOVE HEAD CENTER AT STERNAL NOTCH. USUALLY NO BETA BLOCKING. CONSULT RAD IF OVER 100BPM. 18GA IN RT AC IF POSSIBLE PREP PATIENT'S CHEST AND ATTACH HEART LEADS.
SCOUT	S60/I 600, 120 KVP @ 10 MA, AP & LAT
TECHNIQUE – 128 SLICE CALCIUM SCORING	CINE SEGMENT; .4S,2.5,8i,0.05S, 20MM INTERVAL, STD W400/L40 KVP 120 @ 180mA SFOV - LGE BODY/DFOV - 25 CM SCAN FROM BIFUR OF CORINA TO BASE OF HEART. AFTER W/O HEART IS COMPLETE CALL RADIOLOGIST TO HAVE LOOK AT IMAGES. FIND ANNULUS OR MIDDLE OF VAVLVE AND SUBTRACT 52 FROM THAT LOCATION.
TECHNIQUE - 128 SLICE SMART PREP/CTA HEART	HELICAL CARDIAC SEGMENT, CARDIAC LARGE; .4s, 2.5MM, 1.53 PITCH, 61.25 SPEED, ECG20-45 PHASE, REF 210-490mA, STD W400/L40 KVP 120 @ AUTO/SMART MA-30% ASIR SFOV - LGE BODY/DFOV - 25 CM SMART PREP ON THE AORTIC ARCH. SCAN THROUGH APEX OF HEART
TECHNIQUE- 128 SLICE CTA C-A-P	HELICAL; .4s LARGE BODY, 2.5MM, 40MM COVERAGE, 1.53 PITCH, 61.25 SPEED, STD W400/L40 KVP 120 @ AUTO/SMART MA-30% ASIR SFOV - LGE BODY/DFOV - 25 CM IMMEDIATE DELAY MID NECK THROUGH LESSER TROCHANTERS.
REFORMATS	RETRO IMAGES IN 0.625 IN SNAP SHOT SEGMENT PLUS CORONAL CHEST IN LUNG ALGORITHM, CORONAL C-A-P IN AVERAGE, 3D MIP AND VR

PACS	SCOUTS IMAGES MARKED TAVR PACS, CORONAL CHEST AND C-A-P. OTHER RECONS WILL AUTO SEND.
CHARGE	CTA TAVR
CD	BURN 2 DISCS FOR DR. SLATER/GUPTA. THIS WILL INCLUDE WHOLE STUDY. YOU WILL NEED DISC MARKED DVD NOT CDR! PLACE DISCS IN CUBBY IN HALLWAY.