

CTA CHEST	
INDICATION:	DESCENDING AORTIC ANEURYSM AND/OR STENT – no ASCENDING aorta (gated) ANEURYSM, COARTATION, STENOSIS, ECT
FORMS	Consent to Contrast Material Pregnancy Status Form (Female Patients) Medication Reconciliation Form (Outpatients)
ORAL CONTRAST	NONE
IV CONTRAST	4-5 CC/SEC FOR 150 CC/NS 50 CC
POSITIONING	SUPINE, FEET FIRST; ARMS UP & OUT OF WAY; CENTER AT STERNAL NOTCH; INSPIRATION BREATH-HOLD PLACE EKG LEADS
SCOUT	S60 / I 500, 120 KVP @ 10 MA, AP & LAT
TECHNIQUE –64/128 SLICE NONCONTRAST <i>Only to be performed if pt has had Prior thoracic surgery (stent/graft) OR having acute chest pain- please Scan entire chest.</i>	HELICAL; 2.5 MM, STD W400/L40 120 KVP @ AUTO/SMART MA – 40% ASIR SFOV – LG BODY/DFOV-FIT TO ANATOMY SCAN FROM AORTIC ARCH TO APEX OF HEART (MAKE SURE TO INCLUDE ALL OF AORTIC STENT)
TECHNIQUE- GATED CHEST	HELICAL, 0.625 MM, STD W800/L100 120 KVP, 300 MA - INCREASE OVER 250 LBS IF HR ABOVE 80, CHANGE PHASE SFOV – LG BODY/DFOV-FIT TO ANATOMY SCAN TOP OF LUNG THROUGH HEART
TECHNIQUE- 3 MIN DELAY FOR STENT ONLY	HELICAL, 5 MM, STD W400/L40 120 KVP @ AUTO/SMART MA – 40% ASIR SFOV – LG BODY/DFOV-FIT TO ANATOMY SCAN THROUGH STENT (MAKE SURE TO INCLUDE ALL OF AORTIC STENT)
TECHNIQUE – 128 SLICE	
RECONS	2.5 MM, STD W400/L40 – ENTIRE AORTA 2.5 MM, LUNG W1400/L-600
REFORMATIONS	CORONALS & SAGITTAL – AVG 2.5 THICK/SPACING, W800/L100 CANDY CANE VIEW 8 MM THICK/ 1.5 MM SPACING W800/L100, 3D - 360 DEGREES RT TO LT & 360 DEGREES END

	OVER END
PACS	SCOUT 2.5 MM - NONCONTRAST 2.5 MM - CTA 5 MM DELAY (IF DONE) 2.5 MM LUNG CTA COR & CTA SAG & CTA AX MIP & CANDY CANE VIEW 3D VIEWS
CHARGE	CTA CHEST WO/W
REMARKS	