

CT PEDIATRIC C-SPINE

Routine Pediatric C-spine CT

Indication: fracture, trauma, mets, disc rupture, disc herniation, stenosis, post myelo.

Position/Landmark

Head first- Supine

Scout direction

Cranio-caudal

Respiratory Phase

Inspiraton

Scan Type

Helical/Full

Statistics

KV/ mA/ Rotation time (sec): 120Kv/Smart mA (80-300) /0.5sec

Pitch/ Speed(mm/rotation): 1.375:1/ 27.50

Noise Index: 9.0 Use 100Kv through 5yrs of age

Detector width x rows = Beam Collimation

.625mm X 32 = 20mm

Slice Thickness/Spacing Algorithm/Recon

Recon

1. Thin Cuts
2. Bone
3. Detail

Thickness/Spacing

.625mm X .625mm
2.5mm X 2.5mm
2.5mm X 2.5mm

Algorithm

Detail (For DMPR)
Bone
Detail

Access our **Modality Protocols** site for all current protocols at:

www.MIARAD.com

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Reviewed 6-28-24

Angle

None

Location/FOV

Start/End Location: Above C1 down through mid body of T1.

SFOV: Small Body

DFOV: 10-18cm Decrease appropriately

IV Contrast Volume/Type/Rate

1ml per pound of Isovue 370 at no greater than 2.5ml/sec if needed.

Scan Delay

N/A

2D/3D

DMPR- 2.5mm X 2.5mm Coronal & Sagittal

Comments:

Contrast only at Radiologist/Physician request

Images Required in PACS

Scouts, Detail/Bone 2.5mm axial images, Coronal & Sagittal DMPR, Dose Report