RIH – TRACHEA / AIRWAY SCAN
GE LIGHTSPEED 16 / OPTIMA CT580 PROTOCOL

Indications: Suspected airway obstruction of the trachea

Position/Landmark	Head first or feet first-Supine Sternal Notch
Topogram Direction	Craniocaudal
Respiratory Phase	Inspiration and Expiration
Scan Type	Helical
KV / mA / Rotation time (sec) **Pitch / Speed (mm/rotation)** **Noise Index**	120kv / smart mA (100-440) / 0.5 sec 1.75:1 , 35.00mm 24.00
Detector width x Rows = Beam Collimation	1.25mm x 16 = 20mm
Average Tube Output	Each Helical: ctdi – 10.7 mGy dlp – 426 mGy.cm

First Helical Set Slice Thickness/ Spacing Algorithm Recon Destination	recon	body part	thickness/ spacing	algorithm	recon destination .
	1	thin chest	1.25mm x .6mm	standard	for dmpr
	2	**inspiration chest**	5mm x 5mm	standard	pacs
	3	**inspiration lung**	5mm x 5mm	lung	pacs

Second Helical Set Slice Thickness/ Spacing Algorithm Recon Destination	recon	body part	thickness/ spacing	algorithm	recon destination .
	1	thin chest	1.25mm x .6mm	standard	for dmpr
	2	**expiration chest**	5mm x 5mm	standard	pacs
	3	**expiration lung**	5mm x 5mm	lung	pacs

Scan Start / End Locations **DFOV**	1cm superior to nasopharynx through adrenal glands 38cm decrease appropriately
IV Contrast Volume / Type / Rate	
Scan Delay	
2D/3D Technique Used	DMPR of 5mm x 5mm **coronal chest** series (auto-batch on), average mode, of both inspiration and expiration auto-transferred to PACS.
Comments: This protocol consists of inspiration and expiration helical scans. The ct technologist should coach the patient to properly follow complete inspiration and expiration breathing instructions.	
Images required in PACS	Scouts, 5mm x 5mm axial inspiration chest, 5mm x 5mm inspiration coronal chest, 5mm x 5mm axial inspiration lungs, 5mm x 5mm axial expiration chest, 5mm x 5mm expiration coronal chest, 5mm x 5mm axial expiration lungs, navigator series from nasopharynx to carina of both inspiration and expiration helical sets, Dose Report

updated Jan 23, 2017