Child CAP
Siemens 16 Slice

Application Examples: abdominal pain, weight loss	

Oral Contrast	*Yes
IV Contrast / Volume	Omnipaque 300 / **see below

Technical Factors

Injection Rate	1-2 ml/sec
Care Bolus ROI Location / HU	N/A
Monitoring Delay	N/A
Cycle Time	N/A
Scan Delay	60 seconds
Breath Hold	Inspiration, if age appropriate

Scan Type	Spiral
Detector Collimator	Acq 16 x 1.2 mm
kV / mAs / Rotation Time (seconds)	110 kV / 60 mAs / 0.6
Care Dose 4D	On
Pitch	1.2
Typical CTDIvol	4.33 mGy

Topogram: AP, 512 mm

CAP	Width / Increment	Kernel	Window	FoV	Series Description	Networking
Recon 1	3 x 3	B30	Mediastinum	-	AXIAL	PACS
Recon 2	3 x 3	B70	Lung	-	AXIAL LUNG	PACS
Recon 3	1.5 x 0.7	B30	Mediastinum	-	AXIAL 1.5 x 0.7 STND	MPR / TERARECON

This protocol is a combination of a routine thorax and abdominal study.

Oral Contrast: *Guidelines for oral contrast for children

Neonates	per neonatologist
< 1 year	120 ml
1-5 years	240-350 ml
6-12 years	350-500 ml
> 12 years	600-900 ml

Patient Position: Patient lying supine with arms above head and lower legs supported.

Scan Range: Lung apices through ischial tuberosities.

Recons: Set beginning and end points on Recon 2 to include the entire lung volume only.

Reformations: Post processing done in 3D card.

Series: CAP	Reformat Type	Width / Increment	Window	Series Description	Networking
Recon 3	Coronal MPR	3 x 3	Mediastinum	COR	PACS
Recon 3	Sagittal MPR	3 x 3	Mediastinum	SAG	PACS

**Amount of contrast used is based on child's weight. Weight in pounds (lbs) x 0.62 = total IV contrast amount.