Head Trauma Sequential

Siemens 16 Slice

Application Examples: cranial trauma, fall

Oral Contrast	No
IV Contrast / Volume	No

Technical Factors

Scan type	Sequential
Detector Collimator	Acq 12 x 1.2 mm
kV / mAs / Rotation Time (seconds)	130 kV / 270 mAs / 1.0 - FULL
Care Dose 4D	Off
Feed	14.4
Typical CTDIvol	63.45 mGy

Topogram: Lateral, 256 mm

Head	Width / Increment	Kernel	Window	FoV	Series Description	Networking
Recon 1	4.8 x 4.8	H40s	Cerebrum	250	AXIAL	PACS
Recon 2	4.8 x 4.8	H60s	Bone	250	AXIAL BONE	PACS
Recon 3	1.2 x 1.2	H40s	Cerebrum	250	AXIAL 1.2	MPR / TeraRecon

This protocol is used on recent head injury patients.

Patient Position: Position head so the GML is perpendicular to table in a symmetrical position (no rotation or tilt). Patient positioning will be limited if on c-spine precautions. Angle gantry if necessary to acquire images in ideal plane.

Scan Range: Scan from skull base through vertex in caudocranial direction.

Recons: Axial images should be acquired parallel to a line drawn from the base of the skull to the glabella.

Reformations: If patient is not in ideal position, create axial MPR images parallel to a line drawn from the base of the skull to the glabella. Coronal and sagittal MPRs.

Series: Head	Reformat Type	Width / Increment	Window	Series Description	Networking
Recon 3	Axial MPR	5 x 5	Cerebrum	AXIAL MPR	PACS
Recon 3	Coronal MPR	3 x 3	Cerebrum	COR	PACS
Recon 3	Sagittal MPR	3 x 3	Cerebrum	SAG	PACS