Gundersen Health System

Head Trauma

Siemens go.All

Application Examples: cranial trauma, fall

Oral Contrast	No
IV Contrast / Volume	No

Technical Factors

Care Bolus ROI Location / HU	N/A
Monitoring Delay	N/A
Cycle Time	N/A
Scan Delay	N/A
Breath Hold	N/A

Scan Type	Spiral
Detector Collimator	Acq 32 x 0.7 mm
X-Care	Off
Care kV	OFF/ 120 kV
Care Dose 4D	OFF/ 300 mAs
Rotation Time (seconds)	1.0
Pitch	0.55
Typical CTDIvol	59.76 mGy ± 50%

Topogram: Lateral, 256 mm

Head	Recon Type	Width / Increment	Algorithm	Safire	Window	FoV	Series Description	Networking	Post Processing
Recon 1	Axial	5 x 5	Hr40	3	Cerebrum	250	AXIAL STND	PACS	None
Recon 2	Axial	5 x 5	Hr64	3	Bone	250	AXIAL BONE	PACS	None
Recon 3	3D:Axial	5 x 5	Hr40	3	Cerebrum	250	AXIAL MPR	PACS	Axial MPR
Recon 4	3D:COR	3 x 3	Hr40	3	Cerebrum	200	COR	PACS	Coronal MPR
Recon 5	3D:SAG	3 x 3	Hr40	3	Cerebrum	200	SAG	PACS	Sagittal MPR
Recon 6	Axial	0.6 x 0.6	Hr40	3	Cerebrum	250	AXIAL 0.6 STND	TeraRecon	None

This protocol scans in spiral mode and is used on recent head injury patients or history of fall.

Patient Position: Position the patient's head as symmetrical as possible. Patient positioning will be limited if on c-spine precautions. Note gantry angle is not possible on the Definition.

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

Recons and Reformations: Recon 3 is done in examination card using raw data. If patient position is suboptimal, adjust axial MPR (Recon 3) to capture images in orthogonal plane to brain—axial images should be parallel to a line drawn from the base of the skull to the glabella. Create coronal MPR perpendicular to hard palate.