ROUTINE BRAIN GO UP

Indications	Intracranial bleed, mental status change, trauma, general screening, ha							
Diagnostic Task	Detect collections of blood; identify brain masses; detect brain edema or ischemia; identify shift in the normal locations of the brain							
Scan Mode	Helical							
Position/Landmark	Head or feet first-supine/ at chin							
Topogram	lateral 30mAs 130kVp							
kVp/Reference mass	130kv 206mAs							
Rotation time/pitch	1.0sec/0.55							
Detector Configuration	32x0.7							
Table Speed/Increment	12.32							
Dose reduction	na							
Allowed CTDI ranges*	30mGy-80mGy							
XR29 Dose Notification value	80mGy							
Helical Set		h	ody	thickness			recon	
Tremear Set	recon		-	spacing	kernel	window	destination	
		rain		mx 1.5mm	Hv40	cerebrum		
	2 sł	kull	1.5m	mx1.5mm	Hr60	bone	pacs	
	3 ax	ial brain	5mm	x 5mm	Hv40	cerebrun	n pacs	
	4 Sa	ag	1.5m	mx1.5mm	Hv40	cerebrum	pacs	
	5 Co		1.5m	mx1.5mm	Hv40	cerebrum	·	
Scan Start/End	1cm below maxilla in include sinus							
	1cm above skull vertex							
DFOV	25 cm decrease appropriately							
IV contrast volume/rate	80ml isovue 370 2cc/sec-Performed as directed by the supervising radiologist							
Scan Delay	90 second delay							
note*	The Diag	The Diagnostic Reference Dose (CTDI vol) is 75mGy(with 16cm CTDI phantom). The pass/fail limit (ACR and Washington state)						
	is 80mGy. Most routine head scans on modern scanners have CTDIvol ranges between 40 and 60mGy. *The AAPM recommended NEXA XR29 Dose Notification Value for an adult head is 80mGy. The maximum CTDIvol should match the dose notification value. Exams with CTDI vol values less than the minimum allowed range should not be performed unless							
approved by a radiologist.								