

# Child Head Sequential

Siemens 16 Slice

Application Examples: seizures, headache, fall

Oral Contrast	No
IV Contrast / Volume	*Upon request Omnipaque 300

### Technical Factors

Scan Type	Sequential
Detector Collimator	Acq 12 x 1.2
Care Dose	Off
Table Feed	14.4 mm

AGE	kV / mAs / Rotation Time (seconds)	Typical CTDIvol
<b>0-18 months</b>	110 kV / 110 mAs / 1.0	17.27 mGy
<b>18 months – 3 years</b>	110 kV / 210 mAs / 1.0	32.97 mGy
<b>3 - 6 years</b>	110 kV / 270 mAs / 1.0	42.39 mGy

Topogram: Lateral, 256 mm

Head	Width / Increment	Kernel	Window	FoV	Series Description	Networking
<b>Recon 1</b>	4.8 x 4.8	C30s	Cerebrum	-	AXIAL STND	PACS
<b>Recon 2</b>	4.8 x 4.8	C60s	Bone	-	AXIAL BONE	PACS
<b>Recon 3</b>	1.2 x 1.2	C30s	Cerebrum	-	AXIAL STND	MPR

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

This protocol is used on patients between 0 months and 6 years of age.

**Patient Position:** Ideally, child's head is positioned so the GML is perpendicular to the table in a symmetrical position (no rotation or tilt). Axial images should be acquired parallel to a line drawn from the base of the skull to the glabella.

**Scan Instructions:** Adjust technique according to the technical factors above.

**Scan Range:** Skull base through vertex. Scan in caudocranial direction.

**Recons:** Use 200 FoV on children between 0 – 18 months, otherwise use 250 FoV on all other patients. Axial images should be parallel to a line drawn from the base of the skull to the glabella.

\*Amount of contrast used is based on child's weight. Weight in pounds (lbs) x 0.62 = total IV contrast amount. Hand bolus contrast and wait 5 minutes before scanning axial range.