Child Head Spiral

Siemens 16 Slice

Application Examples: seizures, headache, fall

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

Technical Factors

Scan Type	Spiral
Detector Collimator	Acq 16 x 0.6
Care Dose	Off
Pitch	0.8

AGE	kV / mAs / Rotation Time (seconds)	Typical CTDIvol	
0-18 months	110 kV / 110 mAs / 1.0	19.53 mGy	
18 months – 3 years	110 kV / 210 mAs / 1.0	37.28 mGy	
3 - 6 years	110 kV / 270 mAs / 1.0	47.94 mGy	

Topogram: Lateral, 256 mm

Head	Width / Increment	Kernel	Window	FoV	Series Description	Networking
Recon 1	0.75 x 0.5	C30s	Cerebrum	-	AXIAL 0.75 x 0.5 STND	PACS
Recon 2	0.75 x 0.5	C60s	Bone	-	AXIAL 0.75 x 0.5 BONE	PACS

This protocol is used on patients between 0 months and 6 years of age that are unable to be positioned properly or are unable to hold still.

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. Use 200 FoV on children between 0-18 months, otherwise 250 FoV on all other patients.

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

Reformations: Post processing done in 3D card. If the child is unable to be placed in ideal position, reformations are needed. Images should be reformatted parallel to a line drawn form the base of the skull to the glabella.

Series: Head	Reformat Type	Width / Increment	Window	Series Description	Networking
Recon 1	Axial MPR	5 x 5	Cerebrum	AXIAL MPR STND	PACS

Series: Head	Reformat Type	Width / Increment	Window	Series Description	Networking
Recon 2	Axial MPR	5 x 5	Bone	AXIAL MPR BONE	PACS

^{*}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.