

Child Neck S.T.

Siemens 16 Slice

Application Examples: trauma, abscess or neck swelling

Oral Contrast	No
IV Contrast / Volume	Omnipaque 300 / *see below
Injection Rate	

Technical Factors

Care Bolus ROI Location / HU	
Monitoring Delay	
Cycle Time	
Scan Delay	60 seconds
Patient Instructions	Do not breathe, do not swallow

Scab Type	Spiral
Detector Collimator	Acq 16 x 1.2 mm
kV / mAs / Rotation Time (seconds)	110 kV / 50 mAs / 1.0
Care Dose 4D	On
Pitch	1.5
Typical CTDIvol	3.6 mGy

Topogram: AP & Lateral, 256 mm

Neck	Width / Increment	Kernel	Window	FoV	Series Description	Networking
Recon 1	3 x 3	B30s	Baby Neck	200	AXIAL	PACS
Recon 2	1.5 x 0.7	B30s	Baby Neck	200	AXIAL 1.5 x 0.7 STND	MPR / TeraRecon

This protocol is used for routine soft tissue neck studies.

Patient Position: Position the head carefully to avoid compromising the airway. Child's body may need to be elevated with a sponge or blanket to assure that the area being scanned is in isocenter. Place patient in supine position with neck hyper extended slightly and head secured. IOML should be perpendicular to table.

Scan Instructions: If applicable, instruct patient not to swallow during scan—motion around the larynx can be mistaken for a tumor.

Scan Range: First series, for most indications scan from sellar floor to top of aortic arch. For hoarseness, voice weakness or vocal cord paralysis, scan sellar floor to carina.

Reformations: Create 1x1 mm axial MPR data set parallel to vocal cords through entire data set. Create coronal MPR parallel to vocal cords.

Series: Neck	Reformat Type	Width / Increment	Window	Series Description	Networking
Recon 2	Coronal MPR	3 x 3	Larynx	COR	PACS
Recon 2	Sagittal MPR	3 x 3	Larynx	SAG	PACS
Recon 2	Axial MPR	1 x 1	Larynx	AXIAL MPR	PACS

*Amount of contrast used is based on child's weight. Weight in pounds (lbs) x 0.62 = total IV contrast amount.