

CT Department Work Flow Tip Exam: CTA GATED CHEST

QDOC Exam Code: [CCHA+](#)

Protocol not required (page 5)

Systems: Ingenuity to 256 slice

Protocol Location:



Exam:



Patient Preparation – ECG Signal

Set up the ECG Monitor Prepare electrode contact sites

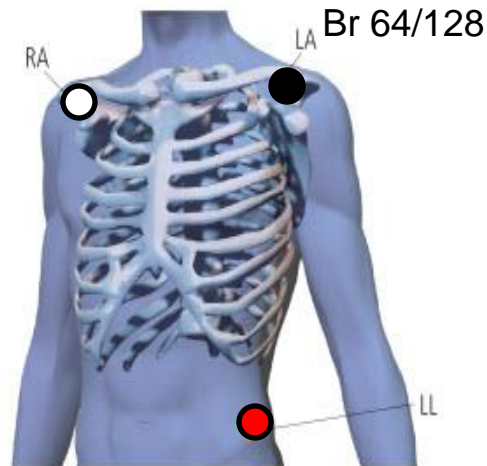
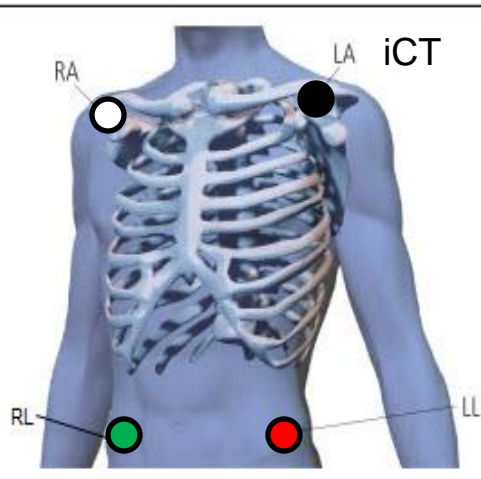
- Have the patient assume the posture for the scan; raise the hands above the head.
- Use the wet-gel electrodes pads (not dry) for better contact with the skin.
- Clean the contact sites thoroughly to ensure good electrode contact with the skin. *use soap and water, NOT alcohol*
- Attach the ECG leads to hairless area on the chest or back; shave area if necessary.

Place electrodes

- Right upper chest-below clavicle over intercostal space
- Left upper chest -below clavicle over intercostal space
- Left mid-abdomen
- Right mid-abdomen(iCT)

Connect leads to electrodes

- RA (right arm) lead to right upper chest
- RL (right leg) lead to right mid-abdomen(iCT)
- LA (left arm) lead to left upper chest
- LL (left Leg) lead to left mid-abdomen

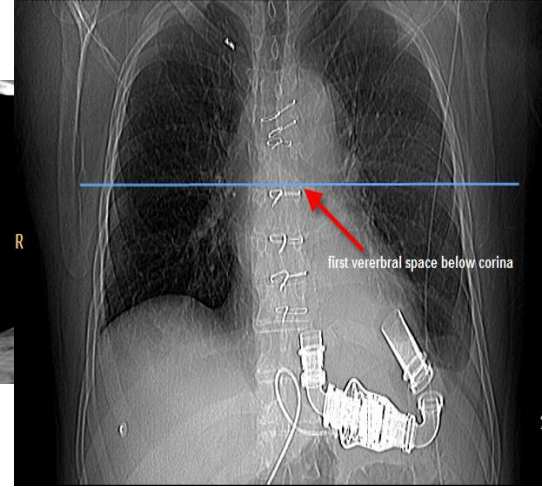
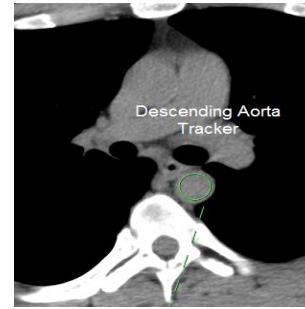


Warning

Electrode placement over pectoral muscles or clavicles may cause noisy signal.

Use only electrode pads certified for medical use.

1. Scout: Dual 350 - 400mm
Breath Hold: inspiration
2. Gating: **Yes** - Patient heart rate
3. Locator/tracker: 3cm Below Carina(first vertebral space)
in the descending aorta.
4. CTA CAP: Helical(retrospective)
.8mm x .4mmcm Arch to Apex
 - a. Recon: Equally spaced 10phase .8mm x .4mm
 - b. Recon: Lung 3mm x 1.5mm
5. IV access: 18g
6. PO Prep: None
7. Contrast: Omni 350
100cc @ 5.5cc per sec
Saline Flush: 50cc @ 5.5cc per sec

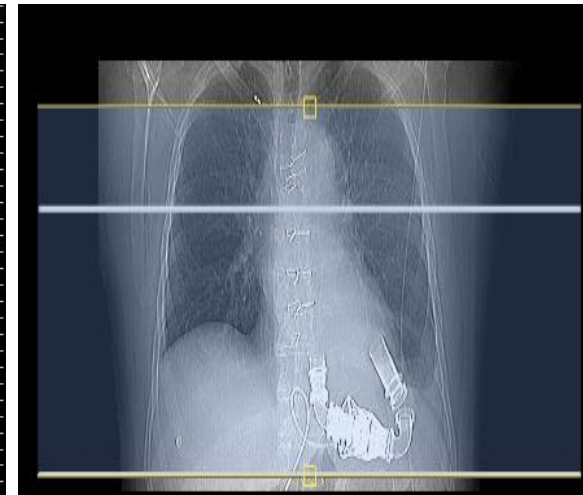
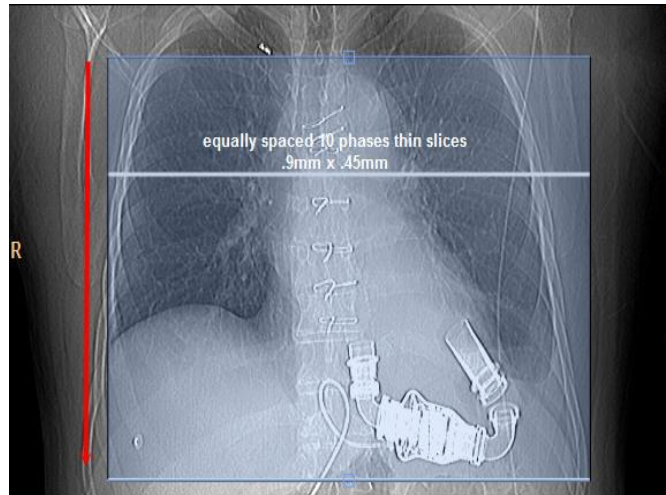
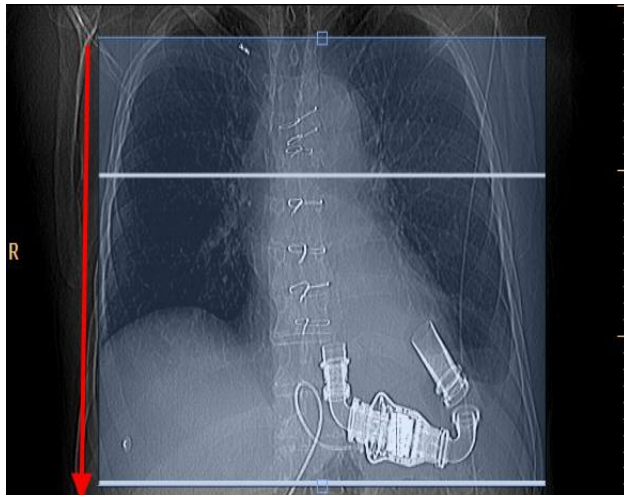


Technique
 <150lbs = 120kv @ 750mAs
 150lbs – 200lbs = 120kv @ 850mAs
 200lbs – 250lbs = 120kv @ 1050mAs
 250lbs – 300lbs = 120kv @ 1250mAs
 *explanation on page 5

CTA Chest(acq)

CTA Coronary Recon

Lungs Recon



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Cardiologist: Shapiro, Michael D DO (M,W) pager: 13616
Lead Cardiac: Bobby Hill (R)(CT)(R) pager: 14083

• **Technique factors** are based on a Retrospective Gated(helical), which uses a extremely low pitch combined with a extremely fast Rotation to get the best Temporal Resolution in order to visualize the arteries of the chest. Any questions on this please contact Bobby to go over the physics of this.

- **Prep:** [Contrast Questionnaire](#) and [Current Labs](#) Needed, **No Cardiac Meds** required for this protocol.
- Complete exam in QDOC
Billing: Contrast
If you draw labs bill venipuncture, bun and creatine (CHH only bill venipuncture).
- For In-Patients Order and MAR all contrast once given.

If there are any questions about Questionnaire, prep, IV Contrast , or Protocol contact the Protocols Rad.

