

INDICATION		ACTIVE Gastrointestinal hemorrhage. CTA GI Bleed may be ordered for ACTIVE GI bleeding or hemodynamic instability. In other cases, ordering should be limited to gastroenterology or critical care physicians. Note to technologists; do not change abdominal protocol to GI bleed protocol based on an indication of GI bleed."						
POSITION / LANDMARK		Supine / Xiphoid						
START/END LOCATIONS		Scan Superior to Inferior. Scan from dome of diaphragm down to include pelvic rami.						
CONTRAST PARAMETERS		100 ml IV contrast and 50 ml saline 4 ml per second						
RESPIRATORY PHASE		Inspiration						
SCAN DELAY		SMART PREP ON MID ABDOMINAL AORTA NON CONTRAST, ARTERIAL, VENOUS						
SCAN TYPE		Helical						
	KV	mA	Rot Time (sec)	Pitch	Speed (mm/rot)	Noise Index	ASiR	Dose Reduction
	120	Smart mA 400	1.0					
TECHNIQUE		Using automated exposure control and adjustment of the mA and/or kV according to patient size, radiation dose to be kept as low as reasonably achievable to obtain optimal diagnostic quality images.						
Scans								
Series #	Series	Body Part	DFOV	Thick/Space	Algorithm	Notes		
1	Loc					AP/Lat		
2	Source data	Adb/Pel		0.625x0.625	STND	without		
3	Source data	Adb/Pel		0.625x0.625	STND	arterial		
4	Source data	Adb/Pel		0.625x0.625	STND	venous		
Recons								

*Please note, recons are displayed as thickness X spacing

Recon source Series #	Recon	Body Part	Thick / Space	Algorithm	W/L	Notes
2	AX	Abd/Pel	5x5	STND		without
2	AX	Abd/Pel	5x5	Lung		without
2	COR	Abd/Pel	3x3	STND		without
2	SAG	Abd/Pel	3x3	STND		without
3	AX	Abd/Pel	5x5	STND		arterial
3	COR	Abd/Pel	3x3	STND		arterial
3	SAG	Abd/Pel	3x3	STND		arterial
4	AX	Abd/Pel	5x5	STND		venous
4	COR	Abd/Pel	3x3	STND		venous
4	SAG	Abd/Pel	3x3	STND		venous
2D / 3D Processing						
No MIPS						
Series required in PACS						
Loc, Dose Report, ALL recons						

ADDITIONAL INSTRUCTIONS:

*Please note, recons are displayed as thickness X spacing