

CCTA PROSPECTIVE

Patient Prep/Positioning: Remove all metal from area of interest. Position pt feet first, supine, arms behind head. Attach heart leads accordingly							
Indications	Scan Range	Scan Type	FOV	Gantry Tilt	IV Contrast	IV Requirements	Heart Rate
Hyperlipidemia, Angina, Arrythmia, Congenital heart disease, Family h/o heart disease, Ischemia *Structural*	Standard- 2cm distal to Carina through 2cm distal the Cardiac Vertex For Bypass: Start at mid level of Sternoclavicular joints	Axial		--	<75kg Dose: 75ml Omnipaque 350 @ 5ml per second >75kg Dose: 90ml Omnipaque 350 @ 6ml per second ***Contrast injection time should equal 15 seconds	Per Cardiologist requirements, IV sizing and placement should be as follows- 1st 18ga RT AC, 2nd 18ga LT AC, 3rd 20 RT AC, 4th 20 LT AC	<70 and Steady
Calcium Scoring		SEND TO PACS:	***ROI always placed in ascending aorta			SCAN DETAILS	
	Recon 1	Topogram					Calcium Score
Series description	CA Score	CA Score				Scan Type	Axial
Type	Axial	Best Diastolic				Rotation Time (se)	0.285
Algorithm	Sa36	60-80%				Collimation	0.6
Window	Soft Tissue	HeartFlow				Acq	32 x 1.2
Slice (mm)	3	Full FOV chest				Pitch/Feed	34mm
Increment (mm)	3	Full FOV chest				Safire Strength	--
						Dose Optimization	--
Prospective						Quality Ref mAs	80
	Recon 1	Recon 2	Recon3	Recon 4	Recon 5	Eff mAs TubeA	80
Series description	Best Diastolic	60-80%	HeartFlow	Full FOV chest	Full FOV chest	Eff mAs TubeB	--
Type	Axial	Axial	Axial	Axial	Axial	Care Dose 4D	Yes
Algorithm	Cardiac	Cardiac	Cardiac	Soft Tissue	Lung	Avg Tube Output	(CTDIvol 2.8mGy)
Window	Br38	Bv38	Bv38	Br40	Br59	Dose Notification	
Slice (mm)	0.75	0.75	0.6	3	3	kvp	120
Increment (mm)	0.75	0.75	0.6	3	3	API	Inspiration
						Bolus Tracking HU	--
							
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