

# CTA CoronaryHeart SIEMENS 128

(Auto-Send for all images (PACS and TeraRecon))

Gated study

Use Invivo ECG Electrodes

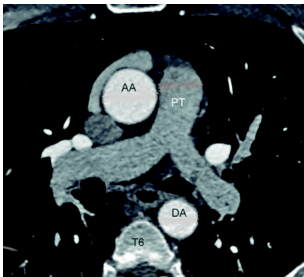
\*Set up CTA scan like a calcium score. Targeted field of view is no greater than 250.

\*If patient had graft/bypass, do not do a calcium score. If the patient has a graft the scan range will be longer. Make sure you scan above the shoulders.

\*If patient is large change Safire to 3 and use 6ml per second injection instead of 5ml.

\*100ml Omnipaque 350 and 100ml 0.9 Sodium Chloride (Normal Saline)

1. Under Cardiac folder, choose Coronary CTA Heart
2. Do both scouts
3. Do calcium score & recon (reconstructions used to find trigger point)
4. Find ascending aorta (will usually be above left atrium on axial view) Place pre-monitor on that slice and take the image.



5. Ascending aorta should be visible in image. If not, right click on "Pre Monitor", repeat and adjust up or down. Once correct slice is found, place ROI.
6. Perform pre-monitor scan (start injector and CT scan simultaneously)
7. Trigger card (bottom right)-graph shows contrast intensity (linear, in HUs) during injection and scan; when graph line shows decline, end scan.
8. Find highest HU #, look for time in seconds, add 4 seconds. This is delay time for scan. For patients with grafts start scan above the aortic arch and do not add 4 seconds.
9. Instruct nurse to give nitro and wait 5 minutes.
10. Scan patient.
11. Do calcium score on TeraRecon and validate.
12. Always protect file
13. Log patient in the CTA Coronary log book.
14. If FFR is indicated, the cardiologist will instruct you send images to heart-flow with the heart phases specified. Coronary CT scans can not be sent to heart flow with out an authorization.
15. If the FFR Cardiac passes you will need to put the billing codes in IDX. You can not charge for a FFR study if the CTA Coronary Scan fails.
16. All CTA Coronary heart studies are to remain on CT Scanner with raw data for 10 days. After 10 days they can be deleted.

