CTDI: 0-4yr: ≤ 15mGy 5-16: ≤30mGy

PT Prep:
- Oral prep type, volume and time will be determined by the diagnosis that is presented.
- IV contrast at the discretion of the Radiologist.
  - 2cc per kg of 300 mg iodine/non-ionic @ 1-2ml/s, not to exceed 100ml unless otherwise determined by Radiologist.

PT Positioning:
- Both arms should be raised above head for optimal image quality.
- If PT cannot raise one arm, one arm down is preferred over both arms down.
- If both arms are unable to be raised, this information should be documented in tech notes for the radiologist.

Setup: Supine, AP scout from above diaphragm through the symphysis pubis (iliac crest for ABD only)

DFOV: Appropriate for patient's body habitus.

Scan Parameters:
Pre-Contrast (if performed)
1. Scan from above area of concern through the area of interest.

Portal Venous Phase:
1. 60 second delay from start of injection of contrast
2. Scan from above diaphragm through the symphysis pubis

Delayed Imaging (if performed)
1. 5 minute delay
2. Scan from above the area of concern through the area of concern.

PACS SERIES
1. SCOUT
2. ST AX
3. LUNG AX
4. ST CORONAL 2X2
5. ST SAGITTAL 2X2
6. DOSE REPORT

<table>
<thead>
<tr>
<th>Acquisition Parameters</th>
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<td><strong>Scan Type</strong></td>
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<td>Pitch and Speed (mm/rot)</td>
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<td>Smart mA Range</td>
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<td>kVp <em>Kv Assist</em></td>
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</table>

**Reconstruction Parameters**

**RECON 1 (Soft Tissue)**
- Algorithm: Stnd
- ASIR: 50%
- Recon Type: Helical Full
- Slice Thickness: 2.5
- Increment: 2.5

**RECON 2 (Lung)**
- Algorithm: Lung
- ASIR: 50%
- Recon Type: Helical Full
- Slice Thickness: 2.5
- Increment: 2.5

**RECON 3 (thins for Reformats)**
- Algorithm: STND
- ASIR: 50%
- Recon Type: Full
- Slice Thickness: 0.625mm
- Increment: 0.3125mm