

## RUH JPCH CT Adult Pre-Approved Cases

\*\*These rules apply for emerg (non-admitted) patients only, ALL Day shifts from 08:00-21:00, including weekends, bank days, Stats and holidays.\*\*\*

\*\* All scan requests from 21:00-08:00 require Radiologist/Resident approval.\*\*\*

Clinical Indication	Protocol
<b>Brain Protocols</b>	
Seizure      Subdural, ICH Trauma      Confusion NYD Fall on Anticoagulants      r/o bleed	Brain – plain with bone recon
Abscess      Septic emboli      mets	Brain – plain and enhanced with bone recon
Sinusitis	Sinusitis – plain
Facial Trauma	Facial Bones – plain – bone and soft tissue – below mandible to vertex of skull
Facial/orbital abscess Facial/orbital cellulitis	Facial Bones – enhanced 60s – bone and soft tissue – below mandible to vertex of skull
<b>Vascular Protocols</b>	
Vertebral artery dissection	Brain – Plain CTA arch to vertex of skull C-Brain and CTA Carotids/COW
Acute aortic dissection	<b>Pre and post contrast</b> CTA – thoracic only, unless otherwise stated CAP – by request only
GI bleed	Triple Phase Enterography
<b>Chest Protocols</b>	
SOB, elevated D-dimer ?PE	CTA – PE
Empyema      Unresolved pneumonia Dysphagia	Chest – enhanced 60s
<b>Abdomen and Pelvis Protocols</b>	
Abd pain NYD      Appendicitis Bowel Obstruction      Diverticulitis Perforated viscus      Hernia Query abscess or post-op complication	Abdo/pelvis – portal venous
Renal colic Renal stone f/u	CT KUB – plain
Retroperitoneal bleed	Abdo/pelvic – triple phase enterography
<b>Neck Protocol</b>	
Neck Abscess	Neck – arch to hard palate and ALWAYS arms down – enhanced – 90s
<b>Orthopedic Protocol</b>	
Pre-op planning      ? fracture	Unenhanced – extremity
<b>Spine Protocol</b>	
Minor Cervical Spine Trauma neurologically intact	C-Spine w/o contrast