RIVERSIDE MEDICAL CENTER, INC.

DR. PABLO O. TORRE MEMORIAL HOSPITAL

METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Ancillary Division		**POLICY NUMBER:** DPOTMH-IPP-DIS-P011-(01)	
TITLE/DESCRIPTION: **CT SCAN PROTOCOLS**			
EFFECTIVE DATE: February 28, 2025	**REVISION DUE:** February 27, 2028	**REPLACES NUMBER:** DIS – QP – 07	**NO. OF PAGES:** 1 of 19
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PURPOSE:

To ensure the appropriateness and quality of the examinations performed by all areas of the CT scan Section.

DEFINITIONS:

CT SCAN - also called computed tomography or just CT

- Combines a series of X-ray views taken from many different angles to produce cross-sectional images of the bones and soft tissues inside your body.
- The resulting images can be compared to a loaf of sliced bread. The doctor will be able to look at each of these slices individually or perform additional visualization to make 3-D images. CT scan images provide much more information than do plain X-rays.
- A CT scan is particularly well suited to quickly examine people who may have internal injuries from car accidents or other types of trauma.
- A CT scan can also visualize the brain and with the help of injected contrast material-check for blockages or other problems in your blood vessels.

RESPONSIBILITY:

Radiologist, PGI, Radiologic Technologist

POLICY:

1. The Radiologic Technologist shall practice ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.

2. The Radiologic Technologist respects confidences entrusted in the course of professional practice; respects the patient's rights to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

3. Radiologic Technologist shall write a notation in the "Tech Note" section of the CT requisition and in the "Comment" section of the log sheet to explain any variance from the original prescription. The Radiologic Technologist shall sign his/her name.

4. Admitted patient/emergency cases shall be prioritized.

5. Radiologic Technologist shall inform the pregnant women or may be pregnant to take primary precautions.

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6. A patient shall have proper and specific request of examination from their Attending Physician.
7. Consent for the examination shall be signed by the patient and/or folks before the examination.
8. The PGI shall fill-up the screening form of the patient.
9. Patient shall have a creatinine laboratory result for contrast study.
10. Used needles shall be disposed properly by putting it in separate and indicated for sharps trashcan only after every procedure.
11. Alteration to the policies, preparations and procedures may depend on Radiologist approval.
12. Out-patients shall be scheduled accordingly.
13. Patients from other hospital shall be accompanied by an intern and or Resident together with the patient's chart.
14. Infant patients and or restless patients shall be sedated prior to the examination.
15. Give particular attention to the patient's present medications and history of allergic reaction to iodinated contrast material.
    - 15.1 A questionable or suspected history to allergy to iodine based contrast may be contraindication to any procedure.
    - 15.2 A high level of serum creatinine is also a contraindication in intravenous contrast administration, among others.
    - 15.3 If there are other considerations and it is decided by the physician that the examination is necessary, the physician requesting the examination is partially responsible for possible complications and his/her presence may be required.

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PREPARATIONS

Non contrast/Plain CT scan examination

1. No preparations needed.
2. Requested by physician only.

With contrast

1. NPO 2 hours prior to examination and 8 hours NPO for any abdominal examinations.
2. Normal result of creatinine.
3. If patient is diabetic with metformin medication, skip medication for 48 hours before and after examination (patient should inform their physician for the said preparation).
4. For examination with oral contrast, 1.5 liter of water diluted with contrast intake is needed.
   a) 1 liter after supper
   b) 500 ml one hour prior to examination
   c) Bring remaining 500 ml to CT scan
5. For CT scan of whole abdomen and lower abdomen, instruct patient to bring duodenal tube fr. #18 or Foley catheter fr. #24 on the day of examination except for patients with colostomy/perforated anus.
6. Preparation for CT Myelogram will depend on the Anesthesiologist to perform the lumbar-tap including the material to be used.

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GUIDELINES:

1. CT SCAN BRAIN – PLAIN
   CT SCAN BRAIN – PLAIN WITH BONE WINDOW
   CT SCAN OF BRAIN – PLAIN AND CONTRAST
   - 1.1 The technologist prepares the CT scan machine by calibrating the tube.
   - 1.2 The technologist gets the request for examination and patient data form from the reception area.
     - 1.2.1 He/she then checks/verifies cost center slip on the official receipt.
     - 1.2.2 Calls and verifies patient's name and procedure.
     - 1.2.3 Guides the patient to the CT scan room/bed.
     - 1.2.4 Instructs patient to remove any accessories on the area of interest.
     - 1.2.5 Explains the procedure to the patient, the use and contraindications of contrast media, and emphasizes the importance of patients' cooperation.
     - 1.2.6 Records the patient data to the CT scan logbook with its corresponding file number.
   - 1.3 The PGI on duty obtains patient's pertinent clinical data and record in the screening form such as:
     a) Chief complaint
     b) Relevant medical history
     c) Previous CT scan examinations
     d) Allergies to food and medicines
     e) History of hypersensitivity reaction to contrast agents
   - 1.4 The PGI on duty checks the serum creatinine result for possible contraindication to IV contrast study.
   - 1.5 The technologist position the patient in supine position with both hands on the side.
   - 1.6 Places a body strap to secure the patient and head strap to maintain position of the head.
   - 1.7 Scans area starting from the base of the skull up to the top of the skull.
   - 1.8 A scanogram is then acquired.
   - 1.9 The standard protocol of cuts is 5mm thickness per 5mm spacing from the base of the skull to the top of sella turcica (3mm thickness per 3mm spacing for children) and 10mm thickness per 10mm spacing from the top of sella turcicato the top of the skull (7mm thickness per 7mm spacing for children).
   - 1.10 Plain axial scan is then acquired (end of examination for brain/plain and brain/plain with bone window).

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1.11 (If with BONE WINDOW) A reconstruction will be done for better
1.12 For contrast study, an intravenous injection is given.

Venous access is always performed by the intern or resident on duty or by the radiology nurse. In cases of in-patients, the existing venous line is utilized, after making sure that it is till patent and within the vein. Test dose of about 1 – 2 ml of the non – ionic contrast agent to be used is given. In cases of adverse reactions, the procedure is immediately aborted and emergency measures are given. If no adverse reaction is noted after 3-5minutes, full dose of 300mg x 50 cc of contrast is given. For children a ratio of 1kg of weight per 2cc of contrast agent is applied based for the amount of contrast to be given.

1.13 Axial scan is again acquired with contrast.
1.14 The technologist waits for the message "All scan has been completed" to appear on the touch screen monitor, then presses "End Exam".
1.15 Sends patients files to PACSWEB server for storing and Efilm for printing.
1.16 Prints the film.
1.17 Sorts patient films and screening form with previous files (if there is any) for radiologist to read.
1.18 The radiologist makes an official result.
1.19 The technologist refers the patient to the reception area where he/she will be told when he/she may get the official result usually after 2-3 working days.
1.20 For in-patient, the technologist informs the patient of the patient's companion regarding the success of the procedure. An initial reading may be requested from the radiologist which will be relayed to a resident, intern or consultant.
1.20.1 Patient is then brought back to the room by the transport crew.
1.21 Official result will be encoded to the computer and a hard copy is provided and will be forwarded to the station where the patient is confined which is then attached to the patient chart.

2. CT SCAN OF THE NECK PLAIN AND CONTRAST
2.1 The technologist prepares the CT scan machine by calibrating the tube.
2.2 The technologist gets the request for examination and patient data form from the reception area.
2.2.1 He/she then checks/verifies cost center slip on the official receipt.
2.2.2 Calls and verifies patient's name and procedure.

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2.2.3 Guides the patient to the CT scan room/bed.
2.2.4 Instructs patient to remove any accessories on the area of interest.
2.2.5 Explains the procedure to the patient, the use and contraindications of contrast media, and emphasizes the importance of patient's cooperation.
2.2.6 Records the patient data to the CT scan logbook with its corresponding file number.

2.3 The PGI on duty obtains patients' pertinent clinical data and record in screening form such as:
a) Chief complaint
b) Relevant medical history
c) Previous CT scan examinations
d) Allergies to food and medicines
e) History of hypersensitivity reaction to contrast agents

2.4 The PGI on duty checks the serum creatinine result for possible contraindication to IV contrast study.
2.5 The technologist position the patient in supine position with both hands on the side.
2.6 Places the patient in the center of the bed, attaches a body strap to secure the patient and head strap to avoid unnecessary movements.
2.7 A scanogram of the neck area is then acquired.
2.8 The standard protocol of cuts is 5mm thickness per 5mm spacing under helical scan (3mm thickness per 3mm spacing for children).
2.9 Thickness and spacing may vary depending on radiologists' approval.
2.10 Plain axial scan is then acquired.
2.11 For contrast study, an intravenous injection is given.

Venous access is always performed by the intern or resident on duty or by the radiology nurse. In cases of in-patients, the existing venous line is utilized, after making sure that it is till patent and within the vein. Test dose of about 1-2 ml of the non-ionic contrast agent to be used is given. In cases of adverse reactions, the procedure is immediately aborted and emergency measures are given. If no adverse reaction is noted after 3-5 minutes, full dose of 300mg x 50cc of contrast is given. For children a ratio of 1kg of weight per 2cc of contrast agent is applied based for the amount of contrast to be given.

2.12 Axial scan is again acquired with contrast.
2.13 The technologist waits for the message "All scan has been completed" to appear on the

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touch screen monitor, the presses "End Exam".

2.14 Sends patient files to PACSWEB server for storing and Efilm for printing.

2.15 Prints the film.

2.16 Sorts patient film and screening form with previous files (if there is any) for the radiologist to read.

2.17 The radiologist makes an official result.

2.18 The technologist refers the patient to the reception area where he/she will be told when he/she may get the official result usually after 2-3 working days.

2.19 For inpatient, the technologist informs the patient to the reception area where he/she will be told when he/she may get the official result usually after 2-3 working days.

2.20 Official result will be encoded to the computer and a hard copy is provided and will be forwarded to the station where the patient is confined which is then attached to the patient chart.

3. CT SCAN OF THE CHEST PLAIN AND CONTRAST
CHEST HIGH RESOLUTION

3.1 The technologist prepares the CT scan machine by calibrating the tube.

3.2 The technologist gets the request for examination and patient data form from the reception area.

3.2.1 He/she then checks/verifies cost center slip on the official receipt.

3.2.2 Calls and verifies patient's name and procedure

3.2.3 Guides the patient to the CT scan room/bed.

3.2.4 Instructs patient to remove any accessories on the area of interest.

3.2.5 Explains the procedure to the patient, the use and contraindications of contrast media, and emphasizes the importance of patient's cooperation.

3.2.6 Records the patient data to the CT scan logbook with its corresponding file number.

3.3 The PGI on duty obtains patients' pertinent clinical data and record in the screening form such as:

a) Chief complaint
b) Relevant medical history
c) Previous CT scan examinations
d) Allergies to food and medicines
e) History of hypersensitivity reaction to contrast agents

3.4 The PGI on duty checks the serum creatinine result for possible contraindication to IV

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contrast study.

3.5 The technologist position the patient in supine position with hands on top of the head.

3.6 Places the patient in the center of the bed, attaches a body strap to secure the patient.

3.7 A scanogram of the neck area is then acquired.

3.8 The standard protocol of cuts for chest with contrast is 10mm thickness per 10mm spacing for adults and 5mm thickness per 5mm spacing for children with a scan time of 1 sec/cuts, 1mm thickness per 10mm spacing for chest resolution for adults and 1mm thickness per 10mm spacing for chest resolution for adults and 1mm thickness per 5mm spacing for children.

3.9 Plain axial scan is then acquired and breathing instruction is applied during scanning.

3.10 No breathing instruction for young children/infants or uncooperative patient.

3.11 For contrast study, an intravenous injection is given.

Venous access is always performed by the intern or resident on duty or by the radiology nurse. In cases of in-patients, the existing venous line is utilized, after making sure that it is till patient and within n the vein. Test dose of about 1-2 ml of the non-ionic contrast agent to be used is given. In cases of adverse reactions, the procedure is immediately aborted and emergency measures are given. If no adverse reaction is noted after 3-5 minutes, full dose of 300mg x 50cc of contrast is given in bulos motion.

3.12 Axial scan is again acquired with IV contrast.

3.13 The technologist waits for the message "All scan has been completed" to appear on the touch screen monitor, then presses "End Exam".

3.14 Sends patient files to PACSWEB server for sorting and Efilm for printing.

3.15 Prints the film.

3.16 Sorts patient films and screening form with previous files (if there is any for radiologist to read.

3.17 The radiologist makes an official result.

3.18 The technologist refers the patient to the reception area where he/she will be told when he/she may be get the official result usually after 2-3 working days.

3.19 For inpatient, the technologist informs the patient or the patient's companion regarding the success of the procedure. An initial reading may be requested from the radiologist which will be relayed to a resident, intern or consultant.

3.20 Official result will be encoded to the computer and a hard copy is provided and will be forwarded to the station where the patient is confined which is then attached to the

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patient chart.

4. CT SCAN OF THE WHOLE ABDOMEN with Oral and IV Contrast
   UPPER ABDOMEN
   LOWER ABDOMEN
   - 4.1 The technologist prepares the CT scan machine by calibrating the tube.
   - 4.2 The technologist gets the request for examination and patient data form from the reception area.
     - 4.2.1 He/she then checks/verifies cost center slip on the official receipt.
     - 4.2.2 Calls and verifies patient's name and procedure.
     - 4.2.3 Guides the patient to the CT scan room/bed.
     - 4.2.4 Instructs patient to remove any accessories on the area of interest.
     - 4.2.5 Explains the procedure to the patient, the use and contraindications of contrast media, and emphasizes the importance of patients' cooperation.
     - 4.2.6 Records the patient data to the CT scan logbook with its corresponding file number.
   - 4.3 The technologist prepares the CT scan machine by calibrating the tube.
   - 4.4 The PGI on duty obtains patients' pertinent clinical data and record in the screening form such as:
     a) Chief complaint
     b) Relevant medical history
     c) Previous CT scan examinations
     d) Allergies to food and medicines
     e) History of hypersensitivity reaction to contrast agents
   - 4.5 The PGI on duty checks the serum creatinine result for possible contraindication to IV contrast study.
   - 4.6 The technologist position the patient in lateral position.
   - 4.7 The technologist prepares the following materials for infusion of contrast material via rectum.
     a) Duodenal tube fr.#18 or Foley catheter fr.#24
     b) Barium contrast material
     c) Asepto syringe
     d) KY jelly
     e) Examination gloves
   - 4.8 Informs the patient that the contrast material will be infused via the rectum, to ensure

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proper diagnosis.

4.9 After infusing about 100cc of barium contrast, carefully removes the tube catheter.

4.10 Places the patient in the center of the bed, reposition the patient in supine position with hands on top of the head then attaches a body strap to secure the patient.

4.11 Scans area starting at the top of the diaphragm down to symphysis pubis.

4.12 A scanogram is then acquired with breathing instructions during scanning.

4.13 The standard protocol of cuts is 10mm thickness per 10mm spacing for adults and 5mm thickness per 5mm spacing for children with a scan time of 1 sec/cuts.

a) For whole abdomen scan starts above the diaphragm and ends at the symphysis pubis.

b) For upper abdomen, scan starts above the diaphragm and ends at the superior iliac crest.

c) For lower abdomen, scan starts above the kidneys or at the level of T11 and ends at the symphysis pubis.

4.14 Before scanning, another 1 cup of barium sulfate is given to the patient.

4.15 Plain axial scan in then acquired.

4.16 For contrast study, an intravenous injection is given.

Venous access is always performed by the intern or resident on duty or by the radiology nurse. In cases of in-patients, the existing venous line is utilized, after making sure that it is till patient and within the vein. Test dose of about 1-2ml of the non-ionic contrast agent to be used is given. In cases of adverse reaction is noted after 3-5minutes, full dose of 350mg x 50cc of contrast is given for whole abdomen and 300mg x 50cc of contrast is given for whole abdomen and 300mg x 50cc for upper or lower abdomen in bolus motion.

4.17 A 250ml of water is given to the patient via straw prior to full dose of IV contrast.

4.18 Biphasic contrast axial scan is then acquired.

4.19 First scanning (arterial phase, 30 seconds delay after injecting contrast media) – scanning plan should end after the liver only.

4.20 Following scanning (equilibrium phase, 2 minutes delay) – after the liver scanning plan should start from the top of the diaphragm down to the symphysis pubis.

4.21 The technologist waits for the message "All scan has been completed" to appear on the touch screen monitor, then presses "End Exam".

4.22 Sends patient files to PACSWEB server for storing and Efilm for printing.

4.23 Prints the film.

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4.24 Sorts patient films and screening form with previous files (if there is any) for the radiologist to read.
4.25 The radiologist makes an official result.
4.26 The technologist refers the patient to the reception area where he/she will be told when he/she may get the official result usually 2-3 working days.
4.27 For in-patient, the technologist informs the patient or the patient's companion regarding the success of the procedure. An initial reading may be requested from the radiologist which will be relayed to a resident, intern or consultant.
4.28 Official result will be encoded to the computer and a hard copy is provided and will be forwarded to the station where the patient is confined which is then attached to the patient chart.

5. CT SCAN OF THE ADRENALS AND/OR
CT SCAN OF THE PANCREAS with Oral and IV Contrast
5.1 The technologist prepares the CT scan machine by calibrating the tube.
5.2 The technologist gets the request for examination and patient data form from the reception area.
5.2.1 He/she then checks/verifies cost center slip on the official receipt.
5.2.2 Calls and verifies patient's name and procedure.
5.2.3 Guides the patient to remove any accessories on the area of interest.
5.2.4 Explains the procedure to the patient, the use and contraindications of contrast media, and emphasizes the importance of patient's cooperation.
5.2.5 Records the patient data to the CT scan logbook with its corresponding file number.
5.3 The technologist prepares the CT scan machine by calibrating the tube.
5.4 The PGI on duty obtains patient's pertinent clinical data and record in the screening form such as:
a) Chief Complaint
b) Relevant medical history
c) Previous CT scan examinations
d) Allergies to food and medicines
e) History of Hypersensitivity reaction to contrast agents
5.5 The PGI on duty checks the serum creatinine result for possible contraindication to IV contrast study.
5.6 The technologist positions the patient in supine position with hands of the top of the

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head and attaches a strap to secure the patient.

5.7 A scanogram is then acquired from the diaphragm to the superior iliac crest.

5.8 An initial cut of 5mm thickness and 5mm spacing is required to determine exact location of the adrenals and or pancreas.

5.9 Initial axial scan is then acquired.

5.10 The standard protocol of cuts for Adrenals is 1mm thickness and 1mm spacing for the pancreas is 3mm thickness and 3mm spacing.

5.11 Plain axial scan is then acquired.

5.12 For contrast study, an intravenous injection is given.

Venous access is always performed by the intern or resident on duty or by the radiology nurse. In cases of in-patients, the existing venous line is utilized, after making sure that it is till patent and within the vein. Test dose of about 1-2ml of the non-ionic contrast agent to be used is given. In cases of adverse reaction is noted after 3-5 minutes, full dose of 500x 500 cc is given in bulos motion.

5.13 Axial scan is again acquired with IV contrast.

5.14 The technologist waits for the message "All scan has been completed" to appear on the touch screen monitor, then presses "End Exam".

5.15 Sends patient files to PACSWEB server for storing and Efilm for printing.

5.16 Prints the film.

5.17 Sorts patient films and screening form with previous files (if there is any) for the radiologist to read.

5.18 The radiologist makes an official result.

5.19 The technologist refers the patient to the reception area where he/she will be told when he/she may get the official result usually after 2-3 working days.

5.20 For inpatient, the technologist informs the patient of the patient's companion regarding the success of the procedure. An initial reading may be requested from the radiologist which will be relayed to a resident, intern or consultant.

5.20.1 Patient is then brought back to the room by the transport crew.

5.21 Official results will be encoded to the computer and a hard copy is provided and will be forwarded to the station where the patient is confined which is then attached to the patient chart.

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6. CT SCAN OF THE NASOPHARYNX/ORBITS/PARANASAL SINUSES PLAIN AND CONTRAST
   - 6.1 The Technologist prepares the CT scan machine by calibrating the tube.
   - 6.2 Gets the request for examination and patient data form from the reception area.
     - 6.2.1 He/she then checks/verifies cost center slip on the official receipt.
     - 6.2.2 Calls and verifies patient's name and procedure.
     - 6.2.3 Guides the patient to the CT scan room/bed.
     - 6.2.4 Instructs patient to remove any accessories on the area of interest.
     - 6.2.5 Explains the procedure to the patient, the use and contraindications of contrast media, emphasizes the importance of patients' cooperation and the breathing instruction of "inhale and hold breath for a certain time and wait when to breathe".
     - 6.2.6 Records the patient data to the CT scan logbook with its corresponding file number.
   - 6.3 The PGI on duty obtains patient's pertinent clinical data and record in the screening form such as:
     a) Chief complaint
     b) Relevant medical history
     c) Previous CT scan examinations
     d) Allergies to food and medicines
     e) History of Hypersensitivity reaction to contrast agents
   - 6.4 The PGI on duty checks the serum creatinine result for possible contraindication to IV contrast study.
   - 6.5 The technologist positions the patient in supine position with both hands on the side, attaches a body strap to secure the patient and a head strap to maintain position of the head.
   - 6.6 A scanogram is required (entire head) lateral view.
   - 6.7 Standard protocols for axial cuts and scanned areas.
     a) Nasopharynx
        3mm thickness, 3mm spacing
        (superior extent) top of sella – turcica
        (inferior extent) hyoid bone
     b) Orbits
        1mm thickness, 1mm spacing
        (superior extent) top of orbits
        (inferior extent) bottom of orbits

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c) Paranasal Sinuses
3mm thickness, 3mm spacing
(superior extent) top of frontal sinus
(inferior extent) hard palate

6.8 Plain axial scan is then acquired.
6.9 For contrast study, an intravenous injection is given.

Venous access is always performed by the intern or resident on duty or by the radiology nurse. In cases of in-patients, the existing venous line is utilized, after making sure that it is till patient and within the vein.

6.10 Axial scan is again acquired with contrast.
6.11 Repositions the patient in prone position for coronal cuts with both arms at the side. Head is fully extended with sponge under the chin to support.
6.12 A scanogram lateral view is then acquired.
6.13 Scans area starting from the anterior wall of the forehead to dorsum sellae.
6.14 Standard protocols of cuts.
a) Nasopharynx/Paranasal Sinuses: 5mm thickness and 5mm spacing.
b) Orbits: 3mm thickness and 3mm spacing.
6.15 A coronal scan is then acquired with contrast.
6.16 The technologist waits for the message "All scan has been completed" to appear on the touch screen monitor, then presses "End Exam".
6.17 Sends patient files to PACSWEB server for storing and Efilm for printing.
6.18 Prints the film.
6.19 Sorts patient films and screening form with previous files (if there is any) for radiologist makes an official result.
6.20 The radiologist makes an official result.
6.21 The technologist refers the patient to the reception area where he/she will be told when he/she may get the official result usually after 2-3 working days.
6.22 For in-patient, the technologist informs the patient or the patient's companion regarding the success of the procedure. An initial reading may be requested from the radiologist which will be relayed to a resident, intern or consultant.
6.22.1 Patient is then brought back to the room by the transport crew.
6.23 Official result will be encoded to the computer and a hard copy is provided and will be forwarded to the station where the patient is confined which is then attached to the

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patient chart.

7. PLAIN CT SCAN OF THE CERVICAL SPINE/
THORACIC SPINE 6 SEGMENTS OR ENTIRE THORACIC SPINE/LUMBAR SPINE
   - 7.1 The technologist prepares the CT scan machine by calibrating the tube.
   - 7.2 Gets the request for examination and patient dta form from the reception area.
     - 7.2.1 He/she then checks/verifies cost center slip on the official receipt.
     - 7.2.2 Calls and verifies patient's name and procedure.
     - 7.2.3 Guides the patient to the CT scan room/bed.
     - 7.2.4 Instruct patient t remove any accessories on the area of interest.
     - 7.2.5 Explains the procedure to the patient, the use and contraindications of contrast media, emphasizes the importance of patient's cooperation and the breathing instruction of "inhale and hold breath for a certain time and wait when to breathe".
     - 7.2.6 Records the patient data to the CT scan logbook with its corresponding file number.
   - 7.3 The PGI on duty obtains patients' pertinent clinical data and record in the screening form such as:
     a) Chief complaint
     b) Relevant medical history
     c) Previous CT scan examinations
   - 7.4 The technologist position the patient in supine position with both hands on the side and attaches a body strap to secure the patient.
   - 7.5 A scanogram in then acquired (lateral view).
   - 7.6 Standard protocol of cuts is 3mm thickness and 3mm spacing under helical scanning. Thickness and spacing may vary depending on radiologists' approval.
   - 7.7 The technologist scans the following areas:
     a) Cervical spine – from base of the skull to T1
     b) Thoraic spine – from last part of C7 to first part of L1
     c) Lumbar spine – from last part of T12 to S1
   - 7.8 Plain axial scan is then acquired.
   - 7.9 The technologist waits for the message "All scan has been completed" to appear on the touch screen monitor, then presses "End Exam".
   - 7.10 Sends patient files to PACSWEB server for storing and Efilm for printing.
   - 7.11 Prints the film.

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7.12 Sorts patient films and screening form with previous files (if there is any) for the radiology to read.

7.13 The radiologist makes an official result.

7.14 The technologist refers the patient to the reception area where he/she will be told when he/she may get the official result usually after 2-3 working days.

7.15 For in-patient, the technologist informs the patient or the patient's companion regarding the success of the procedure. An initial reading may be requested from the radiologist which will be relayed to a resident, intern or consultant.

7.15.1 Patient is then brought back to the room by the transport crew.

7.16 Official result will be encoded to the computer and a hard copy is provided and will be forwarded to the station where the patient is confined which is then attached to the patient chart.

8. FINE NEEDLE ASPIRATION BIOPSY CT SCAN GUIDED (FNAB)

8.1 The technologist prepares the CT scan machine by calibrating the tube.

8.2 Gets the request for examination and patient data form from the reception area.

8.2.1 He/she then checks/verifies cost center slip on the official receipt.

8.2.2 Calls and verifies patient's name and procedure.

8.2.3 Guides the patient to the CT scan room/bed.

8.2.4 Instructs patient to remove any accessories on the area of interest.

8.2.5 Explains the procedure to the patient, The use and contraindications of contrast media, emphasizes the importance of patient's cooperation and the breathing instruction of the "inhale and hold breath for a certain time and wait when to breathe"

8.2.6 Records the patient data to the CT scan logbook with its corresponding file number.

8.3 The PGI on duty obtains patient's pertinent clinical data and record in the screening form such as:

a) Chief complaint
b) Relevant medical history
c) Previous CT scan examinations

8.4 The technologist positions the pertinent in supine, decubitus or prone position depending on the location of the area of interest.

8.5 The area of interest is determined and placed with a marker and a scanogram is acquired.

8.6 The area of interest is scanned and the best possible site for puncture is determined and

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marked with a permanent ink. Depths of the anterior and posterior surfaces of the lesion are determined.

8.7 Aseptic procedures are performed.

8.8 Sterile towel with hole is then placed followed with local anesthesia.

8.9 Fine needle biopsy is then performed under CT scan guidance.

8.10 Specimen is then properly labeled and then sent to the laboratory for evaluation and analysis.

8.11 Post biopsy scans are then performed to determine immediate complications.

8.12 The technologist waits for the message "All scan has been completed" to appear on the touch screen monitor, then presses "End Exam".

8.13 Patient's FNAB CT guided images is sent to Efilm for temporary storing (1 month).

8.14 Chest X-ray after 8 hours is done to rule out pneumothorax in lung biopsy cases.

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PROCEDURE (SOP): N/A
WORK INSTRUCTION: N/A
WORK FLOW: N/A
FORMS: N/A
EQUIPMENT: N/A
REFERENCES: www.sh.lsuhsc.edu/cps/diagnostic_radiology_policies.htm Space for Health – Information for Healthcare Premises Professionals;spaceforhealthcare Premises

DR. PABLO O. TORRE MEMORIAL HOSPITAL

RIVERSIDE MEDICAL CENTER, INC.

METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

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