Evaluating CT Contrast Reference

*** For reasons not on this sheet, or any protocol questions please contact the Radiologist On Call:**
Dr. Warren *54, Dr. Quenneville *91, Dr. Berry *95

Reason for Exam	w/ IV Contrast	w/ Oral Contrast (Place note in Comment for Oral Contrast)	w/o Contrast	W/ & W/O (Place note in comment for Phase Requests)
Trauma Protocol: CT Head/Maxillofacial/C-Spine W/O & CT Chest/Abdomen/Pelvis W/				
HEAD/MAXILLOFACIAL				
Trauma				
Fracture				
Abcess				
CVA/Stroke				CT Angio Head/Neck
Sinusitus				
SPINE				
Trauma				
Fracture				
Abcess				
Soft Tissue Neck				
CVA/Stroke				CT Angio Head/Neck
Strangulation				CT Angio Neck
CHEST				
Trauma				
Aorta Dissection				CT Angio Aorta
Abcess				
Internal Bleeding				
Pulmonary Emblolism (PE)				CT Angio Chest
Fracture				

ABDOMEN/PELVIS				
Reason for Exam	**w/ IV Contrast**	**w/ Oral Contrast (Place note in Comment for Oral Contrast)**	**w/o Contrast**	**W/ & W/O (Place note in comment for Phase Requests)**
Trauma	■			
Abcess	■			
General Non-Specific Abdomen Pain	■			
Appendicitis > Age 14	■			
Pediactric Appendicitis < Age 14	■			
Intestinal Cancer	■	■		
Cancer	■			
Chronic Abdominal pain	■	■		
Diverticulitis			■	
Gross Hematuria (IVP)				■
Increased Liver Enzymes	■			
Kidney Stones			■	
Pylonephritis	■			
Internal Bleeding	■			
Fistula	■	■		
Fracture			■	
EXTREMITIES				
Trauma			■	
Fracture			■	
Abcess	■			
Cancer	■			
DVT	■			
Fracture			■	