Table of Contents

Introduction .................................................................................................................. 2
Setting the AV .............................................................................................................. 4
Setting the NV ............................................................................................................. 5
UW Table of NV .......................................................................................................... 7
UW Dose Data by Protocol & Series ........................................................................... 30
UW Dose Data by Body Region & Indication .............................................................. 39
University of California Dose Data ............................................................................ 42
ACR DIR Adult Data .................................................................................................. 43
ACR DIR Pediatric Data ............................................................................................. 51
Introduction

The NEMA XR-25 standard requires operator notification of potential excess dose before a scan is started. GE Healthcare CT scanners are compliant via a feature named “Dose Check”. This feature allows the set-up of scanner output warnings at the scan series level on a protocol-by-protocol basis. The Dose Check feature also allows one to monitor how often warnings are triggered and analyze data from these occurrences.

Dose Check warning levels occur at two thresholds denoted as notification value (NV) and alert value (AV). The AV is higher than the NV and requires special user privileges to bypass. At the University of Wisconsin-Madison (UW), we have calculated NV for each series for each of our CT protocols. These are presented in this manual.

Editing scan parameters on the scanner console has the potential to change the maximum possible dose. The notification values in this report may not be valid if you customize the protocols that originally came from the UW. Additionally, depending on what version of UW protocols you have, the dose values may have changed. This document is meant to serve as a guide and should be used as a reference only. Please consult with your qualified medical physicist to assist you in setting your institution’s dose check values.

The previous version of this manual listed NV by scanner type. There were slight differences in NV among the scanner platforms. These differences existed because of different tube power, beam width, reconstruction options, tube rotation time, mA ranges, and scanner geometry options. A scanner listed as having a higher NV value setting relative to another scanner does not mean that the scanner delivered more imaging dose. It does, however; mean that a higher dose could potentially be delivered if requested by the automatic exposure control. In this version of the manual, we simplified the Dose Check process by listing a single set of NV since the scanner-to-scanner differences shown in the previous manual were deemed too small to be clinically significant.

UW’s philosophy behind setting these values is to limit Dose Check alerts to cases in which: (1) the protocol has been modified at scan time resulting in a higher dose than was original prescribed for that protocol, and (2) in which a scan or series is repeated which would also result in a higher dose than expected. We do not desire the alert to be triggered each time an above-average patient is scanned. We use size-based protocols and tailor the dose in each size category to a specific size range of patients; this sizing is reflected in our NV values.

UW’s notification values were calculated by multiplying the maximum effective mAs possible during a given series by the CTDIvol per 100 mAs factor provided in the GE technical reference manuals. Since the maximum mA, tube rotation time, and pitch are values controllable, we can therefore accurately predict what the maximum possible scanner output should be for any given protocol.

In response to recent Joint Commission guidelines (specifically PI.02.01.01 and PC.01.03.01), we have also compiled dose data in the form of CTDIvol, DLP, and SSDE for our protocols. We list dose on a series-by-series level instead of an exam level so you can better compare what you see on your scanner to what we see here at the UW. In addition, we have compiled data on some of our most common single-phase exams similar to what is commonly reported in the literature.
To aide in comparing to external benchmarking data, we have also included dose data from a recent publication listing doses from 5 imaging centers in California and data from the American College of Radiology Dose Index Registry (ACR DIR).

We hope that this manual can serve as a “one stop shop” to meet your dose compliance needs. For more information, please visit https://www.radiology.wisc.edu/ or email Professor Szczykutowicz at tszczykutowicz@uwhhealth.org

1Szczykutowicz, Timothy P., Robert K. Bour, Nicholas Rubert, Gary Wendt, Myron Pozniak, and Frank N. Ranallo. "CT protocol management: simplifying the process by using a master protocol concept." *Journal of Applied Clinical Medical Physics* 16, no. 4 (2015).
**Setting the AV**

To set the AV, you must be a member of the Dose Check Administrator group. Please contact your site Dose Check Administrator. If your site does not have a Dose Check Administrator, consult your GE documentation manuals or contact your applications specialist to assist you in setting up appropriate permissions.

**Instructions for setting the AV:**

1. From the scan monitor, click the **Protocol Management icon** located on the left bottom of the screen.
2. Click on the box labelled **Dose Check Management**.
3. In the AV checking section, select the box labelled **CTDIvol**.
4. Enter a value of 1000 mGy into the box below the CTDIvol box.
5. Click save. You have now set the AV.

An AV value of 1,000 mGy was chosen. Previously, we recommended using 5,000 mGy*cm (a DLP-based AV), but this threshold can be triggered for clinically-appropriate reasons. A 1,000 mGy limit is more representative of a “never event” and therefore better suited for the AV threshold. This level of irradiation should never be necessary under usual clinical conditions. This warning level will catch multiple scans of the same body region or altered exam parameters yielding a much higher than originally programmed dose. Note, it is possible for a technologist to still administer a dose over this amount if they repeatedly “end exam” and start a new exam. In such a situation, the scanner cannot know the patient is the same. A robust third-party dose monitoring solution should be in place to identify and prevent this potential scenario.

If you wish to set your AV based on DLP, we recommend a value slightly over 5,000 mGy-cm. Below is a histogram of UW-Madison DLP data taken over a 4-month period. Only 4% of our exams exceeded 5,000 mGy-cm. These exams consisted mainly of stroke codes (multiphasic exams which include a perfusion series), trauma exams (require high dose to visualize subtle spinal fractures), and multiphasic routine heads (non-contrast, with contrast, and axial scans acquired with a gantry tilt).
Setting the NV

To set the NV, you must be a member of the Standard User Group if the protocol change control (PCC) is turned on. Please consult your site’s Dose Check Administrator to assist you with obtaining this level of permission if you are not a Standard User already.

Instructions for setting the NV:

1. From the scan monitor, click the Protocol Management icon located on the left bottom of the screen.
2. Click on the box labelled Dose Check Management.
3. In the NV Checking section, de-select the box labelled DLP and select the box labelled CTDIvol.
4. Click save. You have now set the NV to use CTDIvol instead of DLP.

Now you must enter the proper CTDIvol NV for every protocol. Depending on the version of UW protocols you have, this may have already been done for you when you loaded the UW protocols onto your scanner.

To edit the NV for a single protocol:

1. From the scan monitor, click the Protocol Management icon located on the left bottom of the screen.
2. Click on the box labelled Protocol Management.
3. Navigate to the protocol you wish to add a NV to and click edit.
4. Navigate to the specific series to which you wish to add a NV.
5. In the upper right hand corner of the screen, dose information will be displayed. Click on the box labelled set up.
6. Enter the proper CTDIvol values as listed in this document in the section titled “UW Table of NV”.

Note, we do not have values listed for the smart prep series of any protocol. If you wish to enter a smartprep NV, we recommend setting it slightly higher than the displayed value on the scanner. At the top of the next page is a plot of all UW-Madison smartprep doses (in CTDIvol) from our scanners. You can see, the values rarely exceed 100 mgy. However, it is possible for some neck protocols using 140 kV, if the full 40 images of smartprep were acquired, to have smartprep CTDIvol values over 400 mGy.

![CTDIvol Plot](image-url)
If your dose monitoring alarm system is reporting smartprep series as high dose events, you need to consult a qualified medical physicist to review these cases. Usually, the dose from a properly-run smartprep series contributes only a small portion to a patient total dose.

Our tables of NV currently do not list values for timing bolus (cine scans of the same anatomical region). Our timing bolus scans use a manual technique, so the NV for them can simply be set to whatever the scanner displays while in protocol manager. The scanner will display an anticipated CTDI_{vol} for each irradiation event in the upper left hand corner next to the field where NV values are entered. You can simply enter this value for the NV of the timing bolus scans. This displayed value will be higher than what is actually used on patients as long as the peak is reached before the end of the timing bolus cine scan. If the timing bolus scan duration is increased, this NV would be tripped. This is appropriate as we have set default timing bolus durations that are clinically reasonable.
UW Table of NV

The following pages include UW’s NV values by protocol, series, and patient size. A description of how these were developed is listed below.

For most pediatric protocols, the sizes are reported according to the Broselow color groups: Pink, Red/Purple, Yellow/White. Blue/Orange, and Green/Black. For neuro protocols, which have adult, child, and infant variations, child refers to pediatric patients between 3 and 6 years old. Infant refers to pediatric patients between 0 and 3 years. Values denoted with an asterisk* were taken from the AAPM working group on standardization of CT nomenclature and protocols and can be accessed at the link below. AAPM values were used for cine, cardiac, and perfusion exams.


Notification values are provided for every group of CT acquisitions, but not for scouts, Smart Preps, timing bolus scans, and recons. As with the protocol booklet, the series numbers in the dose check notification values table are incremented with every acquisition, including both scouts and CT acquisitions. For example, the Routine Abdomen/Pelvis protocol uses one scout (CT localizer radiograph) and one CT (helical/spiral) acquisition. The scout is labelled as Series 1 in our protocols, but there is no notification value listed for it since it contributes a very small dose to the overall exam. The CT acquisition is labeled Series 2 (S2). From the table shown in this manual for Routine Abdomen/Pelvis, you can see that the Small, Medium, and Large protocols have notification values of 20, 35, and 60 mGy respectively. These values are the ones to be entered for the NV in the Routine Abdomen/Pelvis protocol.

A more complex protocol is the Abd-Liver Hepatocellular Carcinoma (HCC) protocol. This protocol has a scout labeled Series 1, a Smart Prep labeled Series 2, two groups of CT acquisitions labeled Series 2, Group 1 (S2G1) and Series 2, Group 2 (S2G2), and a third CT acquisition labeled Series 3 (S3). The scout and Smart Prep do not have notification values. From the table, you can see that Series 2, Group 1 has Small, Medium, and Large notification values of 15, 25, and 50 mGy respectively. Series 2, Group 2 has Small, Medium, and Large notification values of 20, 35, and 60 mGy. The last series, Series 3, has Small, Medium, and Large notification values of 15, 25, and 50 mGy respectively. For this Abd-Liver - HCC protocol, you will enter 2 NVs (for Groups 1 and 2) on one screen of your protocol manager and the last series (S3) on the last series of the Abd-Liver - HCC protocol manager screen.

When we list multiple NVs for a single protocol, you will need to hit “next series” each time the series number increments. If the series number does not increment, but the group number does, all of these values are entered on the same series within protocol manager. Also be aware, the displayed value for NV shown on each page of the protocol manager displays the CTDIvol that would be observed using the manual mA for that protocol. This is different from when a patient is actually being scanned. During the actually scan, the displayed CTDIvol represents the output the scanner plans on using. The difference is due to the following: when automatic exposure control is on and you are in protocol manager, the scanner does not know the size of the patient is so it displays a CTDIvol value using the selected manual mA value. When you are actually scanning a patient and have the scout images, the scanner knows the patient size and selects the mA it plans to use on that patient for calculating the displayed CTDIvol.
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<th>Protocol Name</th>
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<th>NV (mGy)</th>
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<td>15</td>
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<td>20</td>
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UW Dose Data by Protocol & Series

The following UW dose data was compiled from an Optima CT660 platform. Please note the following as you review this information:

1. The data below represent those studies for which more than 10 patients were scanned. Some pediatric and less frequently used adult protocols are not included in this table.

2. This data is more detailed than is commonly published. A more typical dose break down by indication and body region is listed after this table. That table includes pediatric dose levels.

3. The series names listed in this table will change on future versions of the UW protocol package. Future series level names will be vendor neutral and more similar among the different indications to enhance hanging protocol utilization by radiologists.

4. All head doses are reported using the 16 cm phantom. Cervical spine doses are reported using both the 16 and 32 cm phantoms. The pediatric body doses are reported using a 32 cm phantom.
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Dose Check and Dose Benchmarking Manual 6/15/2016
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Dose Check and Dose Benchmarking Manual 6/15/2016
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## University of California Dose Data


| Area of Examination Type | No. of Exams | Series Level Statistics | | |
|--------------------------|--------------|-------------------------|---|---|---|
|                          |              | CTDIvol (mGy) 25th 50th 75th | SSDE (mGy) 25th 50th 75th | DLP (mGy cm) 25th 50th 75th | Effective Dose 25th 50th 75th |
| **Head**                 |              |                         |                 |                             |                           |
| Singlephase              | 25245        |                         |                 |                             |                           |
| Multiphase               | 7418         |                         |                 |                             |                           |
| All                      | 32663        | 37 50 62                |                 |                             |                           |
|                          |              |                         |                 |                             |                           |
| **Chest**                |              |                         |                 |                             |                           |
| Singlephase              | 16413        |                         |                 |                             |                           |
| Multiphase               | 10444        |                         |                 |                             |                           |
| All*                     | 26857        | 7 12 17                 | 9 14 20         | 320 550 830                 | 6 11 18                   |
| **Abdomen**              |              |                         |                 |                             |                           |
| Singlephase              | 22755        |                         |                 |                             |                           |
| Multiphase               | 40412        |                         |                 |                             |                           |
| All*                     | 63167        | 8 12 17                 | 11 15 19        | 600 960 1460                | 11 17 26                  |
| **Chest and Abdomen**    |              |                         |                 |                             |                           |
| Singlephase              | 10944        |                         |                 |                             |                           |
| Multiphase               | 1654         |                         |                 |                             |                           |
| All*                     | 26998        | 10 13 17                | 12 16 20        | 970 1450 2020               | 19 29 40                  |
| **Sinus**                |              |                         |                 |                             |                           |
| Singlephase              | 3536         |                         |                 |                             |                           |
| Multiphase               | 414          |                         |                 |                             |                           |
| All                      | 3950         | 16 25 29                |                 |                             |                           |
| **Neck**                 |              |                         |                 |                             |                           |
| Singlephase              | 2505         |                         |                 |                             |                           |
| Multiphase               | 967          |                         |                 |                             |                           |
| All                      | 3472         | 12 16 22                |                 |                             |                           |
ACR DIR Adult Data

External Benchmarking data: Compiled from ACR DIR percentile report available online at [http://www.acr.org/Quality-Safety/National-Radiology-Data-Registry/Dose-Index-Registry](http://www.acr.org/Quality-Safety/National-Radiology-Data-Registry/Dose-Index-Registry)

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## ACR DIR Pediatric Data

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