

Trauma Chest and CAP T-Spine Workflow

New Workflow

- You get an order for Trauma Chest only --> you scan the patient using the Trauma - Chest protocol
- You get an order for Trauma CAP only --> you scan the patient using the Trauma - Chest/Abd/Pelvis protocol
- You get an order for a Trauma Chest and a T-Spine--> You scan the patient with the Trauma - Chest protocol **AND THEN YOU MUST PERFORM A SEPARATE SCAN USING THE** Thoracic Spine protocol
- You get an order for a Trauma CAP and a T-Spine--> You scan the patient with the Trauma - Chest/Abd/Pelvis protocol (and possible delays) **AND THEN YOU MUST PERFORM A SEPARATE SCAN USING THE** Thoracic Spine protocol

Note: You won't be able to do a retro recon of the T-Spine from the Trauma Chest or Trauma CAP protocol anymore. So make sure the Trauma physician knows if they decide they want T-Spine images at a later time, the patient will have to be re-scanned.

Note: The abdomen portion of the Trauma CAP is still delivered at a spine level dose. In other words, you don't have to perform a separate L-Spine scan if you get an order for Trauma CAP and an L-Spine. So if you get an order for a Trauma CAP and a T-Spine and L-Spine, you need to scan using just the Trauma CAP and T-Spine protocols.

Note: The pediatric Trauma Abd/Pelvis protocol can still be used to retro recon the T-Spine. In other words, you should **NEVER** scan both a pediatric Trauma Abd/Pelvis and then a T-Spine protocol.

Old Workflow

All T-Spines could be reconstructed from a Trauma Chest or Trauma CAP scan. Therefore, you only had to scan the patient with the Trauma Chest or Trauma CAP protocol.

History of Workflow

Previous versions of UW Protocols scanned Trauma Chest and CAP at a dose level sufficient for T-Spine reconstruction. This allowed a single scan to fulfill orders for both a Trauma Chest and a T-Spine. In order to deliver enough dose and minimal artifact for the spines, our technique used a 0.516:1 pitch and relatively long rotation times. This produced good spine images, but the scan times were too long which caused undesired motion on the Trauma Chest images.