

CT Abdomen Pelvis Guideline

Indications: Abdominal pain, Pancreatitis, Appendicitis, Diverticulitis

Oral Contrast: 900ml Barium prior to scan
ER – wait one hour after finished
Inpatients – wait two hours after finished
Outpatients – one bottle the night before, second bottle one hour before Appointment

IV Contrast: If indicated; Yes (See [MRG Contrast Media Administration Policy](#))
 Most CT abd/pel exams should be done WITH IV contrast unless contraindicated, or unless the main suspected diagnosis is kidney stones. If provided clinical history has many suspected diagnoses including kidney stones, the best practice is to use IV contrast, and make sure the scan is timed to be before excretion of contrast into renal collecting systems, ideally 60-70 seconds. If in doubt, please consult with Radiologist before scan.

Positioning	Supine, feet first
FOV	Patient Size
Axial Reconstruction: Thickness/ Interval/ Algorithm	(1) 5mm/5mm/Soft (2) 5mm/5mm/Sharp
Start Location	Above highest dome of the diaphragm
End Location	Through inferior-most bony pelvis
Gantry Angle	None
Reformations: Thickness/ Interval/ Algorithm	(1) Coronal 3mm/3mm/Soft (2) Sagittal 3mm/3mm/Soft
Phase of Respiration	Inspiration