

SUGGESTED
PROTOCOLS FOR CT SERVICES AT A FACILITY

REQUIRED PROTOCOLS FOR CT OPERATIONS

1. Radiation Safety Policy.
2. Default Protocols for each CT approved scan: including kVp, mA, time, interval, pitch, patient features, etc.
3. Select upper threshold CTDIvol dose values. Investigation of each exam that exceeds the threshold CTDIvol values. See Table 1 below.
4. Policy for authorization of interpreting physicians of CT scans.

PROTOCOLS FOR CT OPERATORS

1. Policy for authorization of CT operators: Credentials, understand CTDIvol, AEC features, upper threshold CTDIvol values, record CTDIvol on all CT exams, compare CTDIvol to reference levels, and forward CTDIvol values to PAC workstations.
2. Training requirements of CT operators.
3. Record patient exposure, CTDIvol, for each patient exam.

PROTOCOLS FOR INTERPRETING PHYSICIANS

1. Policy for authorization of CT interpreting physicians.
2. Understanding of meaning of CTDIvol numbers.

PERIODIC REVIEWS

1. An internal review of CT protocols for correctness and implementation by the Lead CT Technologist is required monthly.
2. The Medical Physicist must review the CT default protocols at least annually, with special observation of dose trends.
3. A review of CT protocols, the AEC-dose reduction system, cases that exceeded the upper CTDIvol threshold, Monthly Tech review, and a determination of potential ALARA reductions are required annually by Lead CT Tech, Medical Physicist, and CT Director.

Table 1
Upper Threshold CTDIvol reference levels:

<u>CT EXAM</u>	<u>UPPER THRESHOLD</u>
CT head	<75mGy (7.5 rad)
CT abdomen	<25mGy (2.5 rad)
CT chest	<25mGy (2.5 rad)
Pediatric Abdomen	<20mGy (2.0 rad)