### **chest: routine w IV**

application pneumonia/effusion, malignancy, lung nodule >1 cm, thoracic adenopathy

landmarks apices through adrenal glands

oral none

IV weight-based IV contrast dosing

[CT Contrast Dosing Guidelines Oral & IV.pdf](https://radiologypartners.sharepoint.com/:b:/r/sites/2024SynergyProtocolUpdateProject/Shared%20Documents/Contrast%20Media/CT%20Contrast%20Dosing%20Guidelines%20Oral%20%26%20IV.pdf?csf=1&web=1&e=zeHuzZ)

rate —

delay Vendor-specific timing software with ROI placed on descending thoracic aorta using an appropriate threshold, scanner-dependent

image order axial: cranial → caudal

coronal: anterior → posterior

sagittal: right → left

comments submit 2.5 x 2.5 mm axial, coronal, and sagittal images using standard algorithm

submit 1.25 x 1.25 axial lung algorithm

**patient’s arms up. If unable to raise arms, please document reason**

approved, body subcommittee 6/11/24