## UT Southwestern Department of Radiology

Protocol Name: Wrist CT Arthrogram
Epic Button: Wrist CT Arthrogram
Orderable Name: CT UPPER EXTREMITY LEFT W IV CONTRAST

Indications: Intra-articular body, ligament tear, osteochondral lesion

| itions: 1 |  |  | Active Protocol |
| :---: | :---: | :---: | :---: |
| Oral Contrast: None | IV Contrast: None | Other Contrast: <br> UTSW: | Airway |
|  |  | Volume(mL): <br> Route: Intra-articular <br> Notes: <br> Contrast will be instilled by the radiologist in the fluoroscopy suite as part of the XR arthrogram procedure | Other Notes <br> Position: Prone, arm over head, palm flat on table. Place a marker at the site of most concern. <br> Use Right/Left orderable based on protocol or side indicated in reason for exam. <br> Metal (FOV): Use 140 kVp . |


† When dual energy (DE) or photon counting (PC) CT is used

