

Anatomical Region	Measurement (cm) Medium	Exam	KVP	SID	Grid	Small	Medium MAS	Large
Skull S#	18 to 21	Skull PA/AP	80	40	Yes			
	14 to 17	Skull Lateral	80	40	Yes			
	18 to 21	Skull Townes, Waters	85	40	Yes			
	14 to 17	Facial Bones Lat. (Bucky)	80	40	Yes			
	14 to 17	Facial Bones Lat. (Non-Bucky)	60	40	No			
	18 to 21	Nasal Bones (Non-Bucky)	60	40	No			
Spine S#	11 to 14	Cervical AP/OBL	80	40	Yes			
	11 to 14	Cervical Lateral	80	72	Yes			
	11 to 14	Cervical Odontoid	80	40	Yes			
	21 to 25	C-7/T-1 Swimmers	85	40	Yes			
	20 to 24	Thoracic AP/OBL	80	40	Yes			
	28 to 32	Thoracic Lateral	85	40	Yes			
	18 to 22	Lumbar Spine AP/OBL	80	40	Yes			
	27 to 32	Lumbar Spine Lateral	85	40	Yes			
	27 to 32	Lumbar L-5/S-1 Spot	90	40	Yes			
Chest S#	20 to 25	Chest PA	110	72	Yes			
	27 to 32	Chest Lateral	110	72	Yes			
	20 to 25	Chest Portable (GRID)	100	72	Yes			
	20 to 25	Chest Portable (Non-GRID)	85	72	No			
			(GRID)	95	60	Yes		
		(GRID)	90	40	Yes			
Thorax S#	20 to 25	Sternum RAO	80	40	Yes			
	27 to 32	Sternum Lateral	85	40	Yes			
	20 to 25	Ribs AP/PA/OBL Upper	70	40	Yes			
	20 to 25	Ribs AP/PA/OBL Lower	80	40	Yes			
Shoulder S#	12 to 16	Shoulder AP	80	40	Yes			
	4 to 6	Shoulder Axillary (Non-Bucky)	70	40	No			
	12 to 16	Scapula AP	80	40	Yes			
	13 to 17	Scapula Lateral	80	40	Yes			
Abdomen S#	18 to 22	Abdomen - KUB	80	40	Yes			
	18 to 22	Abdomen - Upright/Decubitus	85	40	Yes			
	18 to 22	Barium Studies (GI, BE)	100	40	Yes	AEC	AEC	AEC
	18 to 22	Contrast Studies (IVP, GB)	80	40	Yes	AEC	AEC	AEC
Pelvis S#	19 to 23	Pelvis AP	80	40	Yes			
	17 to 21	Hip	80	40	Yes			
	17 to 21	Hip X-Table Lateral	85	40	Yes			
Upper-Extremity S#	1.5 to 4	Fingers	60	40	No			
	3 to 5	Hand AP/OBL	60	40	No			
	3 to 5	Hand Lateral	60	40	No			
	3 to 6	Wrist AP/OBL	60	40	No			
	3 to 6	Wrist Lateral	60	40	No			
	6 to 8	Forearm AP	60	40	No			
	6 to 8	Forearm Lateral	60	40	No			
	6 to 8	Elbow	60	40	No			
	7 to 10	Humerus (Bucky)	75	40	Yes			
		(Non-Bucky)	65	40	No			
Lower-Extremity S#	1.5 to 4	Toes	60	40	No			
	6 to 8	Foot AP/OBL	60	40	No			
	6 to 8	Foot Lateral	60	40	No			
	8 to 10	Os calsis	60	40	No			
	8 to 10	Ankle AP - Mortise	60	40	No			
	8 to 10	Ankle Lateral	60	40	No			
	10 to 12	Tib-Fib AP	60	40	No			
	10 to 12	Tib-Fib Lateral	60	40	No			
	10 to 13	Knee AP - Lateral (Bucky)	80	40	Yes			
	10 to 13	Knee AP - Lateral (Non-Bucky)	60	40	No			
	10 to 13	Knee Tunnel	70	40	No			
	10 to 13	Knee Sunrise	70	40	No			
		14 to 17	Femur AP/Lateral	80	40	Yes		

Use this Fill-in Chart to record exposure factors needed to produce Technique Chart in compliance with Facilities Images should not be rejected or repeated because of S value alone. Facilities should establish the "Typical S Value Range" based on the image quality preferences of the radiologist and after review by your medical physicist.



Computed Radiography Pediatric Radiography Exposure Guide

<u>ANATOMICAL REGION</u>	<u>AGE</u>	<u>MEASUREMENT (CM)</u>	<u>EXAM</u>	<u>KVP</u>	<u>SID</u>	<u>GRID</u>	<u>SM.</u>	<u>MED.</u>	<u>LG.</u>
Upper Extremity	0 to 3 yrs.		Hand, AP/OBL	50	40	No	1	1.2	1.5
	4 yrs. to 12 yrs.		Hand, AP/OBL	55	40	No	1	1.2	1.5
S#75-200	4 yrs. to 12 yrs.		Hand, Lat.	60	40	No	2	2	2.5
	0 to 3 yrs.		Wrist	55	40	No	1.5	1.5	1.5
	4 yrs. to 12 yrs.		Wrist	60	40	No	1.5	1.5	2
	0 to 3 yrs.		Forearm	55	40	No	2	2	2.5
	4 yrs. to 12 yrs.		Forearm	60	40	No	2	2	2.5
	0 to 3 yrs.		Elbow	55	40	No	2	2	2.5
	4 yrs. to 12 yrs.		Elbow	60	40	No	2	2	2.5
	0 to 3 yrs.		Humerus	60	40	No	2	2.5	2.5
	4 yrs. to 12 yrs.		Humerus	65	40	Yes	4	5	6
	0 to 3 yrs.		Shoulder	60	40	No	2.5	2.5	3
	4 yrs. to 12 yrs.		Shoulder	65	40	Yes	4	5	6
	Lower Extremity	0 to 3 yrs.		Foot, AP/OBL	55	40	No	1.2	1.2
4 yrs. to 12 yrs.		Foot, AP/OBL	55	40	No	1.2	1.2	1.5	
S#75-200	0 to 3 yrs.		Foot, Lat.	60	40	No	1.2	1.2	1.5
	4 yrs. to 12 yrs.		Foot, Lat.	60	40	No	1.2	1.2	1.5
	0 to 3 yrs.		Ankle AP/OBL/Lat.	55	40	No	1.2	1.2	1.5
	4 yrs. to 12 yrs.		Ankle AP/OBL/Lat.	60	40	No	1.2	1.2	1.5
	0 to 3 yrs.		Lower Leg, AP/Lat.	55	40	No	1.5	1.5	2
	4 yrs. to 12 yrs.		Lower Leg, AP/Lat.	60	40	No	1.5	2	2
	0 to 3 yrs.		Knee, AP/Lat.	55	40	No	2	2	2.5
	4 yrs. to 12 yrs.		Knee, AP/Lat.	65	40	Yes	3.5	4.5	5
	0 to 3 yrs.		Femur	60	40	No	2.5	3	3.5
	4 yrs. to 12 yrs.		Femur	70	40	Yes	7	10	14

Disclaimer for filled in chart:

This form can be used as a reference in the development of an exposure guide.

Use the fill-in version of form to help develop a Technique Chart for each of your exposure rooms.

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