

Patient Identification:

Siemens Scanner

2008-09-17 13:24:38

USER > HEAD > BRAIN
Protocol: Cranial Nerve

Checklist

- ☐ Safety Questionnaire Done
- ☐ Patient ID Checked
- ☐ Correct Patient Selected on Scanner
- ☐ RIS completed
- ☐ ICD-9 Completed
- ☐ Sent to UV (Emageon)
- ☐ Charge Code = 1006

Accession #:

Scanning
Technologist:

Reviewing
Technologist:

Protocol Information

Plane	Sequence name	Vendor name
1. 3-Plane	Scout	Gre
2. Sagittal	T1 Sag Thin	tse
3. Axial	T2 Ax	tse w/ FS
4. Axial	T2 Flair Ax	t2 dark-fluid
5. Axial	Diff	epse
6. Axial	T1 Ax Pre Thin	tse

- Contrast 0.1 mmol/kg dose: 1 cc / sec

8. Coronal	T1 Coro Post Thin	tse
9. Axial	T1 Ax Post Thin	tse
10. Axial	T1 Ax Post Brain	tse

*****Notes*****

* Thin slice coverage is thru the Cavernous Sinus and the Brain Stem

*Immobilize Head with sponges/tape.

*8 channel coil over 4 channel when possible.

*Pay attention to various obliques need to get True Ax/Sag/Cor images.

*At 3T use T1 flash or T1 FLAIR

*Do not use T1 FLAIR post gad

*At 1.5Tesla, only use iPAT/SENSE on EPI sequences.

*COMMUNICATE with your patient if possible.

Intravenous Route:

Gain intravenous access using a 20ga, 22ga Angiocath
Access central venous devices per protocol

Contrast : 0.1 mmol/Kg Gadolinium through peripheral venous access

Agent:

Dose (cc):

Comments

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