

Protocol: Renal Mass

Adult Body Department

Charge: 6120

Time Out

- Patient ID verified with two identifiers/ Wristband
- All required screening forms completed and signed
- Verify correct Patient and exam on scanner and RIS
- Correct Protocol confirmed
- Ordered under correct dept. (i.e. MBV, MKM, etc)
- Images Sent
- Confirm Patient tracked in RIS and ICD-9 Coded

Tech Hand Off

- Confirm Patient, exam, and special instructions
- Relay info such as location of Pt. family/ valuables

Technologist Signature/ Date and Time

Contrast : 0.1 mmol/Kg Gadolinium

Agent:

Dose (cc):

Comments

Patient Identification:

Accession #:

Scanning
Technologist:

Reviewing
Radiologist:

Protocol Information

Plane	Sequence name	Vendor name
1. 3-Plane	Scout NB-H	fl
2. 3-Plane	Scout B-H	fl
3. Axial	T2ss Ax Nav	haste
3.Axial	T1 3D Ax Bh (no fs)	Vibe
4. Axial	Diffusion	epse/fs
5.Axial	Pre Gad Ax	vibe-fs

single dose contrast 2cc/sec-

6.Axial	Post Gad Ax Abd	vibe-fs
7.Axial	Post Gad Ax Abd	vibe-fs
8.Coronal	Post Gad Coro	vibe-fs

Notes

-Make sure you have and/or do subtractions on both sets of post axials