Reset Form

Patient Identification:

Accession #:

Scanning Technologist:

Reviewing Radiologist:

Protocol Information

Plane	Sequence name	Vendor name
1. 3-Plane	Scout	Gre
2. Sagittal	T1 Sag	tse
3. Sagittal	T2 Sag	tse_rst
4. Sagittal	STIR Sag	ir
5. Axial	T2 Ax	tse_rst_rs
6. Axial	T1 Ax	tse
**********CONTRAST 0.1 mmol/Kg**********		
7. Sagittal	T1 Sag Post	tse
6. Axial	T1 Ax Post	tse rs

Lumbar Spine Technical Tips

If post surgery do T1 Sag Post with fat sat unless they have metal hardware in the spine

If post infection do T1 Sag Post with fat sat unless they have metal hardware in the spine

JOHNS HOPKINS MEDICINE

Protocol: Lumbar W/Gad

Adult Neuro Department

Charge: 3132

Time Out

- ☐ Patient ID verified with two identifiers/ Wristband
- ☐ All required screening forms completed and singed
- ☐ 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 of contrast

Agent:

Dose (cc):

Comments

Print Form

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Last updated 4/1/11