Reset Form

Patient Identification:

Accession #:

Scanning Technologist:

Reviewing Radiologist:

Protocol Information

Plane	Sequence name	FOV	Siemens name
	Brachial Plexus Portion		
1. 3-Plane	Scout		flash_r
2. Sagittal	T2 SPACE Sag C-Spine	25	spc
3. Coronal	STIR SPACE Coro Bilateral	27	spc_ir
4. Sagittal	STIR Sag Biilateral	22	tir
5. Axial	T1 Ax Bilateral	33	tse
6. Axial	DTI Ax Biilateral (SHIM)	26	dwi
	Arm Portion		
7. Axial	T1 Ax		tse
8. Axial	T2 Ax SPAIR (TE 60)		tse (SPAIR)
9. Axial	DTI Ax (SHIM)		dwi
----------**Contrast only if ordered**----------			
10. Coronal	T1 VIBE Coro fs iso Pre	27	vibe
----------1 dose contrast 0.1 mmol/kg, 2 cc/sec----------			
11. Coronal	T1 VIBE Coro fs iso Post	27	vibe

******Generate MPR Thin's of STIR SPC (Right Click on MRP Thin Icon, Thickness should be12 mm) on all 3 planes, then Generate MPR's Coro and Obl Ax Planes, 12 mm Thickness, 3mm Distance Between Images******

******Generate MPR's of T2 SPACE C-SPINE in Ax and Coro Planes 2mm Thickness, 3mm Distance Between Images******

******Generate MPR's of Pre/ Post Vibe in Sag and Ax Planes, 2 mm Thickness, 3mm Distance Between Images******

TIPS

- **Marker should be placed at site of pain**
- **Axial slices for Arm Portion should be 4 mm if just upper arm is requested and 5 mm if whole arm is requested**
- **DTI should only cover area of pain or pathology (ask patient before starting) 1/2 of slices should be above site -1/2 of slices should be below site, coverage should be no bigger than 10-15 cmuse SHIM Box**
- Sagittal images should cover from midline to the point of shoulder - 3 mm sections
- Axial images for Brachial Plexus Portion should cover from C4 to below clavicles
- T2 SPACE Sagittal slab should cover cervical spine vertebral bodies

JOHNS HOPKINS MEDICINE

Protocol: Neurography Brachial Plexus and Arm

MSK Department

Charge: Brachial Plexus: 5000, 3110
Right: 8150 and 8000 and 8130, Left: 8151 and 8132

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

*******Questions to ask patient prior to proceedure********

1.) **Do you have any family history of neuropathy? Yes / No**
2.) **Do you have similar pain or neuropathy symptoms of the opposite side? Yes / No**
3.) **Have you had an EMG? Yes / No**
   A.) **Do you know the results of the EMG?**
4.) **Have you had surgery to the area being imaged? Yes / No**
5.) **Are you a Diabetic? Yes / No**

Print Form

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Last updated 3/12/12