

PROTOCOL: MRI BRAIN WO-ACUTE STROKE

CLINICAL INDICATIONS/HISTORY: stroke, ischemia, cerebrovascular accident, transient ischemic attack
 *designed to be quick and diagnostic for the emergency room / acute inpatient setting. Not to be used in outpatient setting. *

TIPS: The order of sequences is important: DWI > SWI / SWAN > FLAIR are the most important and should be run first.
 Goal for key sequences to take less than 15 min.
 Please have an even faster stroke brain protocol for patients moving or about to bail. DWI, GRE / T2*, FLAIR < 5 min

SCAN ORDER	PLANE	IMAGE CONTRAST/ WEIGHTING	MODE	PULSE SEQ	COVERAGE		TR RANGE	TE RANGE	TI	FLIP ANGLE	THICKNESS/ GAP (mm)	FOV (cm)	Max Pixel (mm) Fr x Ph	Freq Axis	SEND TO PACS	Max scan time (target)
1	AX	DWI (b1200) w calculated b2000 if avail	2D	EPI/ RESOLVE	FORAMEN MAGNUM	VERTEX	>4000	MIN	-	90	3/.3	24	2.5X2.5	RL	FULL SERIES + ADC MAP	4:00
2	COR	DWI (b1200) w calculated b2000 if avail	2D	EPI/ RESOLVE	ORBIT	OCCIPUT	>4000	MIN	-	90	3/.3	24	2.5X2.5	RL	FULL SERIES + ADC MAP	3:00
3	AX	T2FLAIR	2D	FSE	FORAMEN MAGNUM	VERTEX	6000-15000	140-160	VARIES	>130	5/.5	24	1.0X1.0	AP	FULL SERIES	4:00
4	AX	SWI/GRE	3D/2D	GRE/EPI	FORAMEN MAGNUM	VERTEX	-	-	-	10-15	2/OVLP or 5/.5	24	1.0X1.0	AP	FULL SERIES	3:50
5	SAG	T1	2D	SE	ENTIRE HEAD	INCLUDING EARS	VARIES BY SCANNER	MIN			5/1	24-25	1.0X1.0	SI	FULL SERIES	4:55
6	AX	T2	2D	FSE	FORAMEN MAGNUM	VERTEX	4000- 7000	85-125	-	>130	5/.5	24	.75X.75	AP	FULL SERIES	3:00
7 (IF AVAILABLE)	AX	ASL PERF	3D	3DASL/ 2DPCASL	FORAMEN MAGNUM	VERTEX	OPTIMIZED TO SCANNER				PER SCANNER	23-25	3.0X3.0	AP	FULL SERIES	5:00