

PROTOCOL: MRI BRAIN WO-TRAUMA

CLINICAL INDICATIONS/ HISTORY: HEAD TRAUMA, DIFFUSE AXONAL INJURY * protocol designed to evaluate acute traumatic brain injury and for Craig Hospital patients to evaluate extent of prior traumatic injury *

TIPS: Generate and send fractional anisotropy (FA) map if possible
Always generate and send trace and ADC maps for DTI (which replaces DWI).

SCAN ORDER	PLANE	IMAGE CONTRAST/ WEIGHTING	MODE	PULSE SEQ	COVERAGE		TR RANGE	TE RANGE	TI	FLIP ANGLE	THICKNESS/ GAP (mm)	FOV (cm) x Ph	Max Pixel (mm) Fr PHASE AXIS	SEND TO PACS	Max scan time (target)	
1	AX	T2FLAIR	2D	FSE	FORAMEN MAGNUM	VERTEX	6000-15000	140-160	VARIES	>130	5/.5	24	1.0X1.0	RL	FULL SERIES	4:00
2	AX	SWI/GRE	3D/2D	GRE/EPI	FORAMEN MAGNUM	VERTEX	-	-	-	10-15	1/OVLP or 5/.5	24	1.0X1.0	RL	FULL SERIES	3:50
3	COR	T2* GRE	2D	GRE	COVER ENTIRE BRAIN		SINGLE CONCAT	30-40	-	15	5/.5	18-20	1.0X1.0	RL	FULL SERIES	4:00
*4	AX	*DTI 12+ DIRECTIONS	2D	EPI/ RESOLVE	FORAMEN MAGNUM	VERTEX	>4000	MIN	b1200	90	3/0	24	2.5X2.5	AP	B0, TRACE + ADC AND FA MAPS	3:00
5	SAG	T1	3D	MPRAGE/ BRAVO	COVER ENTIRE HEAD INCLUDING EARS		VARIES BY SCANNER				1-1.2/0	24-25	1.0X1.0	PA	FULL SERIES+ AX/COR 1X1 MPR	4:55
6	AX	T2	2D	FSE	FORAMEN MAGNUM	VERTEX	4000-7000	85-125	-	>130	5/.5	24	.75X.75	RL	FULL SERIES	3:00
*NOTE ON 4	GENERATE AND SEND FRACTIONAL ANISOTROPY (FA) MAP IF POSSIBLE, ALWAYS GENERATE AND SEND TRACE AND ADC MAPS FOR DTI (REPLACES DWI)															