 University Health™	Policy #: Rad Proc 14. 14. 33
SUBJECT: Hyper Acute Stroke (W/IN 6 HR WINDOW)	Effective: 10/1/2013 Reviewed: 2/2015: 2/2017
APPROVED BY: Eduardo Gonzalez-Toledo, MD PhD	Page 1 of 2

Purpose: To provide MRI staff with approved protocol for performing an MR.

ORIENTATION: HEAD FIRST/SUPINE

Coil: HNS HEAD/ STANDARD HEAD

EXAM: HYPER-ACUTE STROKE (W/IN 6 HR WINDOW)


PLANE	3 PLN LOC	CALIB.	AX DWI ASSET	AX 3D SWAN	SAG FLAIR CUBE	AX 3D TOF 3 SLABS
SEQ	GRE	GRE	SE	SWAN	CUBE T2 FLAIR	VASC TOF SPGR
MODE	2D	2D	2D	3D	3D	3D
IMAGING OPTIONS	SEQ/FAST	FAST/CALIB	EPI/DIFF/ASSET	FC/FAST/ZIP2/ASSET	EDR/FAST/lrp/Z512/Z2/ARC	FC/EDR/Z512/Z2
TE			MIN	50 ms	MIN	6.9 ms
TR			6000 ms	78.3 ms	8000 ms	25 ms
TI						
FLIP ANGLE				15		15
ETL					130	
BW				41.67	25.00	31.25
FOV	24	30	28	24	24	24
SLICE THICKNESS	10	6	5	3	1.8	1.6
SLICE SPACING	5	0	1	LOCS/SL 48	LOCS/SL 120	LOCS/SL 32
Frequency	256		128	288	224	384
Phase	128		128	224	224	224
NEX	1					1
PHASE FOV	1		1	1	0.9	0.75
FREQ DIR	UNSWAP	R/L	UNSWAP	UNSWAP	S/I	S/I
FLOW COMP DIR						
SHIM	AUTO	AUTO	AUTO	AUTO	AUTO	AUTO
PHASE CORRECT	OFF	OFF	ON	OFF	OFF	OFF

NOTES: Utilize this protocol as directed by the Radiologist. This protocol will be utilized when a patient has an acute stroke and reaches the hospital within the 6 hour window. Only perform the above sequences as per Dr. GT.

Use Dotarem for this exam, Use 0.2 mL/kg body weight for age 2 and older per Dr. Gonzalez Toledo ; under age 2 consult Radiologist

Written: 10/2013 Revised: 06/2014 Reviewed: 05/2014; 02/2015; 04/2016

Note: Additional sequences may be requested at the discretion of the Radiologist monitoring the exam

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