CT Department
Work Flow Tip
Exam: SWIFT PRIME PERFUSION BRAIN

QDOC Exam Codes Possible: CCEP+
Protocol Required (see last slide)
Systems: Ingenuity 128(CT4)

Protocol Location:

Exam: SWIFT PRIME PERFUSION

Revised: 3-24-14
Ct Department Responsibilities for Acute Stroke Swift Prime Protocol

1. INR Activation via Trauma Pager. Pt will be coming straight to CT via Ambulance or Helicopter.

2. CT tech does not need to check in (they are always in-house), but will call the Transfer Center @ 4-7000 if CT perfusion scanner is down.

3. When the patient arrives in CT, the CT technologist will call 4-8927, and ask for the stroke patient to be admitted; be prepared to provide two unique patient identifiers (i.e., patient name & date of birth). Admitting will admit the patient to a virtual radiology bed. The patient will still be pended to the floor’s expected list so they can pull the patient in when they arrive on their floor. **State: “Please Admit this patient to a Virtual Bed”**.

4. Follow CT policy for any renal function adjustments, unless Treatment Team overrides.


6. CT technologist to send all Acute images to RAPID-SWIFT and PACS(\textit{images are AutoSending}).

7. Post process a Brain Perfusion and send to RAPID – SWIFT and PACS.

8. STAT Page Neuro Pager or Rad On Call(after hrs) using \textit{EXTREME EMERGENT STROKE} in page once exam has been sent to PACS
Releasing Orders

To release Signed & Held orders from Orders Manager, follow these steps:

1. Open the chart of the patient on whom the test is being performed.
2. Once the chart is open, access the Orders Manager activity and then click the Select and Release Pended/Held Orders button:

3. The Signed and Held Orders window will display. Click the checkmark box in front of the orders(s) you need to release:

   If there are multiple orders listed under the providers name, DO NOT CLICK THE CHECKMARK BOX IN FRONT OF THE PROVIDER’S NAME! If there are other orders listed, they will all be selected and released.

4. Once the orders are selected by a , click the Release Held Orders button. The orders are now released and ready to be acted upon.

The active order will now display along with the patient’s other active orders until marked as complete. This order once released and is active will automatically print out and show up in QDOC as a order that needs to be arrived and completed.
1. Load 85ml of Isovue 370 and 100 of saline. Program for the first run 40ml of contrast and 50ml of saline. Arm injector, this Protocol is SAS dependent, so when you start the injection it will start the ACQ.

2. Injection sequence last about 18sec and the ACQ is 50 sec.

3. After first injection is complete select ok, this will allow you to go back to the injection protocol. This needs to happen as soon as first injection is complete so as to be ready for the next ACQ.

4. *Re-arm, this will Reset the Injector so that you can use SAS for the next ACQ.

5. Final injection.

*Scanner Software doesn’t recognize two injection points for SAS. In order to Use the Protocol as it is intended Re-Arming the injector after the first injection is key. Once the scanner prompts you that SAS is active you can press start on the injector and it will initialize the 2nd ACQ.
1. Scout: LAT(90) 300-450mm  
   Breath Hold: None
2. Head W/O: 5mm x 5mm (if no previous/or recent)
3. Perfusion: 5mm x 10mm x 30 (4cm of coverage on 128 slice) x 2
   This will be planned so that the second ACQ is on top of ACQ with no overlap.
4. Delay: 7-12 min if possible if CTA is going to be performed.
5. CTA COW/Carotid: case dependent, Stroke team will decide this on site.
6. IV access: 18g -20g RT AC strongly recommended.
7. PO Prep: None
8. Contrast: 40 mL Omni 350 x 2 (load 100 ml, load 150 ml for Cow/Carotid)  
   50 mL Nacl x 2 (load 100 ml)
9. Contrast Rate: 5.0 ml per sec.
10. Contrast delay: This is a SAS capable protocol, the injection and acquisition will be started simultaneously. Previous slide for injection sequence.

1st Acquisition
Angled and placed above sphenoid bone.

2nd Acquisition
Angled and placed above 1st ACQ with no overlap.
Post Processing

1. First Perfusion Set will auto launch into Brain Perfusion App on Scanner.

2. Centerline, Arterial, and Venous have been preselected for you. If any of these need to be adjusted, go back one step to Vessel Definition.

3. In Vessel Definition you can adjust the Center line and also redo your artery and venous locations.

Note: First set is programmed to auto launch to Brain Perfusion on console. You will have to go back out and select second set to load to Brain Perfusion App.
4. Advance forward to Perfusion Maps.

5. Save as batch. This will create a batch of all images.

6. Label and Save as 1st Perfusion Results.

7. When complete exit and return to directory and select next ACQ.

8. Select Brain Perfusion and repeat steps 2 thru 6.
• **Prep:** [Contrast Questionnaire](#) and [Current Labs](#) Needed.

• Complete exam in QDOC

  Billing: Contrast

  If you draw labs bill venipuncture, bun and creatine (CHH only bill venipuncture).

• For In-Patients Order and MAR all contrast once given.

• If there are any questions about Questionnaire, prep, IV Contrast, or Protocol contact the Protocoling Rad.