Acute Cord Compression MRI Protocol

The acute cord compression protocol has been designed to allow for rapid imaging of high risk patients presenting with new or worsening symptoms, of under 48 hours duration, suspected to have acute cord compression or cauda equina syndrome. The protocol was developed by Radiology in conjunction with MRI Operations, Spine Surgery and Emergency Medicine, to rapidly diagnose or exclude cord compression. Other neurologic conditions that can potentially mimic cord compression symptoms will not be well assessed by this rapid protocol, and the patient may need to come back for repeat imaging in those cases.

Acute Cord Compression (ACC) Protocol

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Steps for neuroradiology once notified of potential case:

1. Neuro-rads called by ED to protocol and discuss case:
   - If case is at York Street, alert Smilow MR tech
   - If case is at SRC, and tech in house, alert tech
     - If after-hours at SRC (this will usually be the neuro attending overnight M-F, and occasionally fellow on weekend), page tech to come in after you approve case (you do not need to wait for safety sheet completion before paging tech).
     - See SRC after-hour coverage on page 79
2. Techs monitor for safety sheet completion and interface with ED staff to transport patient to magnet once safety sheet cleared and MRI ready to accept patient.
3. Tech calls neuro-rad to check case after axial and sag T2W sequences done. Contrast and additional sequences given if needed.
4. Goal:
   - MRI safety sheet complete to MRI start of <2 hours
   - MRI complete to prelim <1 hour