

BODY CT/MR RESIDENT ORIENTATION GUIDE

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SUMMARY OF RESPONSIBILITIES

- Read off CTB/MRB worklist – read all studies completed by 4pm
- Answer phones
- Protocol add-ons (use “protocol follow-up→CT or MR body” button). Red X shows study that needs to be protocolled.
- Protocol Unscheduled exams (use “protocol worklist→CT/MR body” (try to zero out the list). Review with attending when questions.

GETTING STARTED

- Prior to your rotation, check that you can find and have access to the Body/CT worklist in PACS: “Unread Body CT/MR”
 - You can also double check “All Recent Exams” with CT | MR as modality
- EPIC should be utilized to look up histories for all Body CT/MR cases, protocol exams with attending supervision, and review the daily imaging schedule
- When you arrive on your first day, meet with assigned attending to discuss workflow and expectations and review this orientation

WORKFLOW

- Rotation hours: 8:00 AM-4:00 PM
- Work from the designated Body CT resident/fellow station in the 4th floor “big” reading room
- Check-in with the Body CT/MR attending upon arrival to set-up expectations for your shift
 - Note: The body attending might cover Surgery conf at 730AM on Tuesday or Heme Onc or PICU/NICU conf at 8AM so if you cannot find the attending, that might be where they are. Please check the schedule on EZ call.
- Read all Body CT/MR studies on the worklist
 - All studies COMPLETED before 4:00pm are your responsibility for the day.
 - CTAs of the chest are read by the cardiac service although you read PE (pulmonary embolism) CT chest
 - MR abdomen for iron and fat quantification are read by the cardiac service although you read Gauchers MRI
 - Extremity MRIs are read by the MSK service
 - Double check pelvis MRI, whether body or MSK indication (sacroillitis is MSK, GU is body)
 - Whole body MRI is often MSK (CRMO), but can be for body if it is for Tumor screen

WORKFLOW

- Pre-dictate studies prior to readout with assigned attending
- Read out all dictated studies with your assigned attending
- At the beginning of the day, please ask your attending how they want to handle checking MRI cases. This will vary depending on difficulty of cases, your comfort level with MRI, and the attending.
- It is helpful if you have a game plan for each study (MRI and CT) with the attending, especially if complex or atypical
 - Reviewing cases for the day with attending may be beneficial to make sure you both understand what you are looking for and when the scan will occur
- If the attending is not in the reading room, page them at least one hour before shift end to arrange readout time
- You will be the primary contact for the MRI/CT technologists, see next two slides for protocol and imaging checking information

PROTOCOLLING IN CT AND MRI

- ER, and STAT exams should be protocolled as soon as you know about them (likely a page or call)
- Steps in protocolling add on:
 - Check study indication is correct for the given order
 - Protocol study in EPIC. Protocol Followup → MR body or CT body. Red X means a study needs to be protocolled. Ask attending for help when needed.

- Protocolling unscheduled exams:

Use “protocol worklist button → CT/MR body” (try to zero out the list). Review with attending when questions.

PROTOCOLLING IN CT AND MRI

- If MR study order seems wrong to you – can click “flag” button and type in comments box. This goes to our internal MRI tech team to clarify orders.
- If you think contrast isn't needed, you can change to without, but flag study
- If you think contrast IS need but it was ordered without, you need to flag the study and probably need to discuss with the ordering provider before adding contrast.

WORKFLOW IN CT AND MRI

- Contrast MRI
- Gadavist for routine
- Eovist for liver lesions
- Feraheme (iron agent) for Vascular Studies

- Often transplant surgery orders combo exams with eovist and feraheme

MR SPECIFIC TIPS FOR CHECKING IMAGES

- Images might require checking prior to injection of contrast and/or at the end of the case
- When checking images:
 - Biggest issues are field of view and motion. Make sure tech has covered pathology appropriately.
 - Look for unexpected or emergent findings
 - If you have never seen the type of study you are checking, do not be afraid to ask your attending for help.
- Review cases/check protocols in AM for the day with attending to make sure you/they are available when needed

CT/MR DEPARTMENT

- CT Scanner locations:
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 - 5th floor GE PET CT - mainly used for PET, biopsy, and overflow CT patients
 - 5th floor Siemens CT - main scanner for inpatients, outpatients, and cardiac exams (for now at least)
 - Siemens ER CT - used for ER patients, some outpatients
- MR Scanner locations:
 - Lurie 5th floor, scanners 1 – 4 (scanners 2 & 4 are 3T) All Siemens
 - Clark (GE 1.5T)
 - Westchester (GE 1.5T)
 - Northbrook (GE 3T)

CONTACT INFORMATION

- CT numbers:
 - Main scanner (5th floor): 7-0519
 - Voalte phone: 4- 7918
 - Pager number: 9- 7033
 - ER CT number: 7- 0263
- MRI at Lurie (5th floor):
 - Main: 7- 0546
 - Scanner 1: 7- 0513
 - Scanner 2 (3T Vida): 7- 8881
 - Scanner 3: 7- 0529
 - Scanner 4 (3T Skyra): 7- 0528
- MR Charge Voalte phone: 4- 7340
- Clark: 7- 8251
- Westchester: 7- 7908
- Northbrook (3T GE): 7- 2716

For protocol questions: email, page, or call Lindsay Griffin (ligriffin@luriechildrens.org, 608-698-5551)

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