TITLE: MRI Screening for ED Patients, Emergency Department/Inpatients, and Outpatients

Patients entering an MRI suite for a diagnostic exam are screened for potential contraindications. A standard hospital-approved MRI screening form MUST be filled out prior to a patient entering into Zone 3/4. It will be the responsibility of the scanning MRI technologist to review the MRI screening form prior to allowing a patient into Zone 3/4. The MRI technologist should not scan any patient with an absolute contraindication and/or a relative contraindication where, in the opinion of the MRI technologist, the patient cannot safely be imaged in the MR environment. Patients with relative contraindications where the MRI technologist is uncertain whether or not MR imaging should be cautiously attempted, should be brought to the attention of the MRI radiologist in-charge of the case. If the MRI radiologist in-charge of the case determines that the patient can safely receive MR imaging, this shall be communicated directly to the MRI technologist. However, if the MRI radiologist in-charge of the case believes that the patient cannot safely receive MR imaging, the MRI radiologist shall communicate this to the referring provider, as well as the MRI technologist. If an MRI technologist is asked to scan a patient with potential contraindications to MR imaging and the MRI radiologist has not determined that the patient can be safely imaged, the MRI technologist should refer the request back to the MRI radiologist in-charge. Under no circumstances should an MRI technologist scan a patient with potential contraindications, if the MRI radiologist in-charge of the case has not determined it is safe to do so.

The screening form must be completed by the patient and reviewed by the scanning MRI technologist prior to the patient’s MRI examination. All inpatients and Emergency Department patients referred for MR imaging should have the screening form completed and initially reviewed
for relative and absolute contraindications PRIOR to their transfer to the Radiology Department. In circumstances where a patient cannot complete their own screening form, a knowledgeable family member or caretaker for a patient can complete the screening form on behalf of the patient. In the case of family members, this should be a member familiar with the patient’s exposures and medical history, such as a spouse, partner, or child. If a patient is unable to complete the form AND no appropriate family member or caretaker is available, a healthcare provider familiar with the patient’s medical history may also complete the screening form in consultation with the medical record and an attending radiologist. However, in the absence of sufficient history the following steps should be performed to document the safety of MRI:

1. Attending radiologist approval for the MRI, along with medical necessity for MRI documented in the medical record by the attending physician requesting the study.
2. Separate chest and abdominal (KUB) radiographs should be obtained and reviewed prior to scanning to ensure the absence of contraindicated devices (pacemakers, spinal stimulators, etc) or other metallic material (shrapnel in close proximity to a major vessel or organ) that may be a contraindication to MRI. It is the responsibility of the requesting provider to order these radiographs.
3. Screening orbits CT should be obtained and reviewed for metallic foreign bodies. The scout image for this CT can be used to screen for aneurysm clips. When the request is for a brain MRI, a full head CT should be obtained instead of orbits CT. The requesting provider is responsible for ordering these screening CT examinations.

To further protect patients and staff, individuals undergoing an MRI procedure must remove all readily removable metallic personal belongings and devices on or in them (e.g., watches, jewelry, body piercing if removable, contraceptive diaphragms), metallic drug delivery patches, and clothing items which may contain, metallic fasteners, hooks, zippers, loose metallic components, metallic threads, etc. It is therefore advisable to require that the patient wear a site-supplied gown.

Note that this policy does not apply to patients who cannot complete screening due to language difficulties. In this case, a translator must be retained to complete screening together with the patient in their native language.

Screening forms will be scanned into the Radiology Information System medical record.

References:

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