

**Complete for ALL patients having an MRI. Please read and circle the answer to each of the following:**

Inpatients: Patient/family or nurse to complete prior to the patient being transported to the MRI department.

Cardiac Pacemaker	Yes <b>STOP</b> – See receptionist If inpatient contact x51027	No
Aneurysm clips	Yes <b>STOP</b> – See receptionist If inpatient contact x51027	No
Neurostimulator	Yes <b>STOP</b> – See receptionist If inpatient contact x51027	No
Biostimulator	Yes <b>STOP</b> – See receptionist If inpatient contact x51027	No
CADD Pumps/Other Continuous Infusion Devices	Yes <b>STOP</b> – See receptionist If inpatient contact x51027	No
Intracranial Bypass clips	Yes	No
Renal Transplant clips	Yes	No
Renal Failure/Dialysis	Yes	No
Middle Ear Prosthesis (metal)	Yes	No
Implanted Insulin or other infusion pumps	Yes	No
Any type of prosthesis (eye, penile, cardiac, etc.)	Yes	No
Internal Defibrillator	Yes	No
Bullets, Shrapnel, Birdshot	Yes	No
Dentures or Partial Plates	Yes	No
Orthopedic Devices – pins, wires, rods, plates or screws	Yes	No
Artificial Limb	Yes	No
Metallic Stent, Filter or Coil	Yes	No
Vascular Access Port and/or Catheter	Yes	No
Surgical Staples, Clips, or Metallic Sutures	Yes	No
Medication Patch (Nitroglycerin, Nicotine, etc.)	Yes	No
Hearing Aid (remove before entering MR scan room)	Yes	No
Tattoo or permanent makeup, body piercing, or jewelry	Yes	No
Tremors (cannot lie still)	Yes	No
Monitored/Telemetry patient	Yes	No
Respiratory problems (not able to lie flat)	Yes	No
Pain (not able to lie still/flat for long periods)	Yes	No
Claustrophobia	Yes	No
Current weight of the patient is at or over 275 lb	Yes	No
Worked with sheet metal or any machinery that produces metal shavings – i.e. drills, grinders, etc	Yes	No

**PRE-INPATIENT TRANSPORT:**

Remove all prosthetic devices possible. Remove all dentures, hearing aides, jewelry and glasses. Flush and saline lock all IV lines as appropriate (time frame is approximately 1 hour). If the IV line is not able to be disconnected for that period of time, place IV on a rate flow regulator as appropriate. Have patient sign authorization (PS 4285) if MRI with Contrast.

 MRI Time Out completed before entering Zone 4 per hospital policy.

 \_\_\_\_\_  
 [Patient/Parent/Conservator/Guardian]

 \_\_\_\_\_  
 [Date]

 \_\_\_\_\_  
 [Time] A.M./P.M.

 \_\_\_\_\_  
 [If signed by other than patient, indicate relationship]

 \_\_\_\_\_  
 [Reviewer]
**MRI SAFETY PRE PROCEDURE  
ASSESSMENT AND CHECKLIST**

PS 4300

03/11/09

Addressograph



[1514]