

MEMORANDUM

TO: Mr. Chris Gillies

FROM: Dr. Annette McCallum

DATE: July 16, 2013

RE: MRI

This memorandum reflects changes that apply to the MRI suite, including the ordering of MRIs. These changes have been initiated to ensure that all safety standards, efficiencies and best practice are addressed going forward. The following reference/web link, which support the changes listed below, are included for reference

<http://onlinelibrary.wiley.com/doi/10.1002/jmri.24011/pdf>

1. **RESTRICTED MRI ACCESS**

Access to the MRI suite, using special card access, will now be restricted to designated staff which will include MRI technologists (MRTs), DI Departmental nurses, MRI clerical staff, radiologists, radiology residents and designated cleaning staff and security. All individuals with special card access to the MRI require appropriate training and documentation of this training. A phone has been installed outside the MRI suite and those without card access can call into the MRI technologist work area and be admitted at the discretion of the MRI technologist or radiologist.

2. All incomplete/ineligible requisitions will be sent back to the ordering physician/referring service. This includes incomplete screening, inadequate history, ineligible signature of ordering physician, etc.

3. All outpatient requisitions that indicate a risk factor for renal dysfunction require a current eGFR (within 2 months); otherwise requisition will be sent back to the ordering physician for completion.

4. No MRI will be approved ON CALL until a properly completed and signed requisition is received by the radiology resident on call. It is a requirement that ON CALL MRI requests by house staff have been discussed with their attending physician prior to submitting the completed requisition. All inpatient MRI requests must indicate that the patient is an inpatient and specify location.

5. ON CALL cases (patients) MUST be accompanied by a physician or nurse - this is **MANDATORY** with only one MRI technologist working in the MRI suite on call. MRI technologists are not to be left alone with a patient in the MRI suite. This is for the safety of both the patient and the MRI technologist.

6. Written documentation is required from the requesting physician/surgeon re make/manufacture and model of materials/clips/implanted devices placed in the patient. This can be in the form of an e-mail, letter, operative note provided by the requesting physician /surgeons documenting exactly what was placed in the patient. Alternatively this can be placed directly on the requisition, in the appropriate section regarding screening and initialed by the requesting/attending physician. This documentation will be scanned into the PACs system as part of the MRI study as appropriate and become part of the permanent DI Departmental electronic patient record. The MRI technologist/MRI radiologist will determine if materials/clips/implanted devices are MRI safe, MRI conditional or unsafe in the MRI. **SAFETY** is the number one consideration when screening patients for an MRI study. If it is determined that an emergent MRI is required despite some concern of possible harm to the patient, this would require a discussion between the requesting attending physician and MRI radiologist responsible for reporting the MRI study or Section Head for MRI. This discussion regarding the risk vs. benefit of proceeding with the study would require full disclosure to the patient or designated Power of Attorney for Personal Health Care and also require documentation of such a discussion.

7. A new dedicated MRI Fax # will be placed on the MRI requisitions.


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