



WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MR system room. The MR system magnet is ALWAYS on.

ALL PATIENTS (both outpatients and inpatients) TO HAVE COMPLETED PRIOR TO HAVING AN MRI.

Outpatients: Please circle YES or NO if you have any of the following:

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

Cardiac Pacemaker	Yes	STOP See receptionist If inpatient contact MRI Dept	No
Aneurysm clips	Yes	STOP See receptionist If inpatient contact MRI Dept	No
Neurostimulator	Yes	STOP See receptionist If inpatient contact MRI Dept	No
Biostimulator	Yes	STOP See receptionist If inpatient contact MRI Dept	No
CADD Pumps/Other Continuous Infusion Devices	Yes	STOP See receptionist If inpatient contact MRI Dept	No
Tissue expander (e.g., breast)	Yes	STOP See receptionist If inpatient contact MRI Dept	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)	Yes		No

WHEN USED FOR 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 Signature: _____ Date: _____ Time: _____ A.M./P.M.

If signed by other than patient, indicate relationship: _____ Reviewer: _____

MRI SAFETY PRE PROCEDURE ASSESSMENT AND CHECKLIST

PS 4300

Rev 05/12/14



[1514]