
POLICY TITLE: STAT MRI and Call-in

APPROVED BY: Medical Director, Director, Imaging (AOC) Manager, Senior Manager

POLICY OWNER: IMAGING

REVIEW/REVISED: 7/2024

SCOPE: This Policy applies to The Christ Hospital and all of its wholly-owned subsidiaries (collectively, “TCH”) and to The Christ Hospital Medical Center – Liberty Township and all of its wholly-owned subsidiaries (collectively, “TCH-Liberty”)

Policy:

In order to ensure an appropriate prioritization of patients and staff, STAT testing is limited to only specific MRI tests.

The following emergency conditions are appropriate for a STAT MRI:

- Cord compression, cauda equina syndrome, or any condition with an acute, severe change in spinal neurological status with acute neurologic physical findings (i.e., epidural abscess or mass).
- Sagittal sinus thrombosis when CT (with or without contrast) is positive for edema and hemorrhage. If the CT scan is negative, then MRI can be obtained early the next morning, if clinical suspicion remains high and if there is a contraindication to CTA.
- Acute brainstem stroke with neurologic deficit- MRI/MRA of brain and neck to exclude arterial dissection and if there is a contraindication to CTA.
- Acute appendicitis in pregnant patient with surgical exams/consult when ultrasound is non-diagnostic.

In addition, there are clinical situations may arise that fall outside the diagnoses listed above, that may require emergent MRI. These situations require a direct physician to physician conversation between the clinician and the radiologist in order to determine whether or not emergent MRI is indicated.

The following are NOT emergencies in which to call in the MRI tech on call after routine hours:

- Stroke with hemiparesis: CT and Stroke Team Consult (Stroke Team may ask for a CTA).
- Severe lower back pain and radiculopathy.
- Severe neck pain and radiculopathy.

When a STAT MRI is ordered, additional information is gathered by Imaging staff (Diagnostic Radiology at main campus and CT/X-ray at Liberty campus). Once received, the MRI technologist is responsible for contacting requesting department and/or physician to acquire pre-MRI questions for safety. Once answers are received, the technologist will contact the Radiologist on-call for approval of exam to be performed. When decision has been made, the MRI technologist will notify the requesting department of the decision and, if approved. The expected time of arrival of the technologist.

“The Christ Hospital’s clinical policies and procedures are intended to provide a framework for evaluation and management of patient care. The clinical policies and procedures are based on the synthesis of available evidence, information, professional opinion, and/or practical clinical experience. They are points of reference intended to supplement and not replace the practitioner’s clinical judgment. They do not define the standard of care but may inform the standard of care. Because they are developed to promote best practices for populations of patients, the clinical policies and procedures will have variable applicability to individual patients and should not be considered so comprehensive as to address all possible clinical scenarios. Thus, any decision by practitioners to apply the clinical policies and procedures must be made considering the resources available and the individual patient circumstances.”

MRI CALL-IN DOCUMENTATION

DATE: _____ **TIME:** _____
PATIENT NAME: _____ **LOCATION:** _____
NURSE NAME: _____ **PHONE:** _____
EXAM: _____ **REASON:** _____
MRN: _____ **DOB:** _____
REQUESTING DR.: _____ **PHONE:** _____

1. Call Radiologist on-call to determine if MRI needs to be done STAT.

2. Call the patients nurse and ask the following questions:

Is patient: Claustrophobic? **Yes** _____ **No** _____

How can patient travel? **Wheelchair** _____ **Stretcher** _____ **Bed** _____

Does the patient have a history of kidney disease? **Yes** _____ **No** _____

Diabetes? **Yes** _____ **No** _____

If yes, what is patient's GFR _____ **or Creatinine Clearance** _____

Is patient on oxygen? **Yes** _____ **No** _____

Will patient require vital sign observations during procedure? **Yes** _____ **No** _____

If yes checked all that apply: O2 Sat _____ **BP** _____ **EKG** _____

Does patient have implants or prosthetic devices? **Yes** _____ **No** _____

Does patient have any medication patches? **Yes** _____ **No** _____

Is patient pregnant? If applicable. **Yes** _____ **No** _____

Does patient have pacemaker? **Yes** _____ **No** _____

Does patient have any aneurysm clips? **Yes** _____ **No** _____

Does patient have artificial heart valves? **Yes** _____ **No** _____

Does patient have any vascular or heart stents? **Yes** _____ **No** _____

Does patient have a metal tip nerve block catheter with the Q pain ball attached? **Yes** _____ **No** _____

If yes call Anesthesia for catheter removal (585-2000 anesthesia on call)

Has the patient ever done any welding, grinding, or cutting of metal? **Yes** _____ **No** _____

Any possibilities of metal in patient eyes? **Yes** _____ **No** _____

If yes, the patient needs orbit x-rays taken and read stat prior to MRI.

What is patients exact weight? _____

(440 lbs. or over, MRI scan cannot be done at TCH.)?

Is patient connected to IV pump/insulin device (including indwelling pump)? **Yes** _____ **No** _____

If yes, they must be disconnected prior to MRI. Heplocks or hanging IVs are okay.

Will patient require medication to be able to lie flat for approximately 1hr? **Yes** _____ **No** _____

If no, the patient must be properly medicated prior to MRI.

RADIOLOGIST CONTACTED via pager: _____

TIME: _____

MRI Tech Name: _____ **Date & Time** _____

Courtesy call to ~~Operator~~ Requesting Dept/Physician:

Exam is being done: **Yes** _____ **No** _____

IF not, why: _____