

## MRI INSTRUCTIONS FOR IN-PATIENTS REQUIRING ANAESTHETIC COVER

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### G.A and Ventilated Patients

- Ideally these patients should be performed Monday to Friday between the hours of 9am to 5pm. It is important that a full anaesthetic team is booked to include both an Anaesthetist & an ODP.
- **NO IMPLANTS** such as Pacemakers/EX FIX/VNS/DBS/Cochlear Implants are to be scanned out of hours due to the need for specialist staff from multi disciplines.

### Checks required prior to patient being booked.

- **Radiologist to protocol request to justify that scan is actually required & to ensure sequences and time slot requirements are known.**
- **Check with IR Bookings Coordinator re: availability of GA Team.**
- Imaging have Monday to Friday 09:00-17:00 anaesthetic cover shared between Angio/CT/Fluoro and MRI. There is a slot saved on Friday afternoon for MRI but check the MRI GA diary located in M1/M2 and with the IR Bookings Coordinator (ext.12363) or Head of Department.
- MRI Band 7 Radiographers and above have access to the anaesthetic scheduler (read only).
- Inform ward/unit the date, time and instructions regarding the Scan& Safety Questionnaire requirements.
- Once the patient is booked, put a patient prep alarm on PICS that the patient will be having a GA so that the patient may be prepped accordingly; to do this:- Select Patient, Forms, IR prep, New, Procedure details(can include extra details like patient needs 2

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Version: V2	Authorised By: <span style="background-color: black; color: black;">[REDACTED]</span>	Review Date: 05/09/2022

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doctors etc.), Date & Time(green tick when happy), Preparation Required(Tick any required)

- If no slots available on the anaesthetic scheduler ITU will need to arrange own team inclusive of ODP.
- Check the MRI diary that M2 do not have any GA’s booked (Frames, DBS, Thursday outpatient elective list) as only one GA at any one time unless agreed with the 2 anaesthetists involved in the cases.

**How to find which Anaesthetist is covering a list**

- Trust Homepage
  - Departments
  - Anaesthetics
  - Div. Publications (left hand side of screen)
  - Operations
  - Weekly Rotas
  - Choose week of Interest
  - Theatres
  - Scroll down near the bottom
  - QEHB Imaging
- MRI Safety Questionnaire to be completed. (See pathway) [Procedure to confirm patient safety](#) Height and Weight needs to be included so if M2 is required, space is made in the appointment scheduler as appropriate.
  - Check- Are there any Implants/Safety concerns & if so [Refer to Implant Procedures MRI Implant Procedures](#)
  - Any syringe drivers/infusion pumps will be relocated from their present driver to the Braun MRI Space station during the examination. Ward should be advised that if a Head scan is taking place, 3 extensions lines attached to the present lines are required &4 extensions are required if a Whole Spine is taking place.

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- Check number of staff required (e.g. Log Roll requirements, especially if out of hours, as staff will need to stay for the duration of the examination)
- ODP to check anaesthetic equipment and monitoring. MRI compatible ECG stickers are located on the monitoring unit. If not they are stored at the back of room M1 on shelves.
- Instructions for use of monitoring equipment attached to unit.

**Checks to be performed before patient leaves the ward.**

- Ensure area is clear to enable patient to come straight into MRI waiting area.
- If scanning in M2 ensure pat slide, red sliding sheet and MRI compatible trolley is available and in good working order.

**On Arrival**

- Staff accompanying the patient to complete visitor’s safety checklist
- Ensure pockets are emptied to ensure they are not carrying/wearing any non MR safe items
- Check Patient I.D as per IRMER Regulations Procedure 1  
<http://uhbpolicies/assets/IrmerProcedure1.pdf>
- Undock M1 table or, if in M2, ensure MR compatible trolley is in position
- Patient to be anaesthetised in anaesthetic room or if already ventilated transferred to the MRI couch/MRI compatible trolley
- Anaesthetist and ODP to change to MRI Anaesthetic Equipment and monitoring. Ensure all old, non MRI, ECG tabs are removed.

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- Any drug Infusion pumps to be transferred to the MRI compatible Braun Space Station syringe drivers in the area.
- Any A Lines should be positioned correctly as per manufacturer’s instructions ( certain makes should not be in the bore of the magnet-refer to A line document) [MRI Procedure for A Lines](#)
- Sign reverse of Safety Questionnaire to verify all of the above has been done.
- **REMEMBER** – Ear Protection for patient (and any Staff requiring to stay with patient whilst scanning is in progress)
- Final check of staff and patient before entering MRI scan room ensuring MRI safety adhered to. Check for any non MRI compatible items on trolley/couch. (Patients possessions, Hair Clips, Oxygen cylinders, Metal drain clips, sharps etc.)

**SCAN PROCEDURE**

- If all safety checks have been completed (the above is not an exhaustive list) then take patient into the scan room ensuring all lines are clear and patent whilst moving scan table/ trolley and NO staff who have not been MRI safety checked follow you into the room to assist with patient preparation.
- As the patient is asleep, and therefore unable to communicate, ensure patient’s skin is NOT touching sides of scanner as they won’t be able to tell us if they feel burning and check that there are no loops in the leads running down the length of scanner. Please ensure leads are not directly on the patient’s skin.

Refer to A line document [MRI Procedure for A Lines](#)

- Ensure scan is checked with a Radiologist to ensure all appropriate sequences have been run prior to the patient leaving the scan room so patient not recalled unnecessarily.

**POST SCAN**

- Ensure ODP checks equipment after use , switches it off and leaves it ready for next patient
- Ensure all images have gone to PACS inclusive of relevant written information

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- Process patient ready for reporting ( urgency 5/ code U)

**MRI Monitoring equipment work instruction**

- Batteries for ECG & Pulse O2 are located in the Anaesthetic room (M1/2).To be left in this area charging when not in use.
- Turn on Base unit first then top monitor.
- ECG tabs (Quadrodes) are kept in the back of the monitor, if not, on shelves at the back of M1.
- LED lights on battery boxes must both be the same NETWORK either A or B as the monitor (Bottom right of the screen) as they are **NOT** interchangeable. (The ECG leads can be removed from one battery pack and plugged in to the other as the leads are interchangeable; it is the battery boxes which are not)
- If there are problems it is best to swop the WHOLE unit from the other scanner and change the network on the viewing monitor in the control room to match.

Do this by:-

- Click monitor set up
- Scrolling down (turn button) to network.
- Press button to enter.
- Turn button to choose network, either A or B.
- Press button to choose.

- There are 2 pre-set programs A and B, one has the extra parameters for ITU and the other basic for normal monitoring.
- To add or remove monitoring parameters such as ‘A ‘Line, CO2, Blood Pressure cuff.
  - Press monitor set up.
  - Turn button to scroll down to parameters, choose which one, and choose yes or no

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- Press button to enter.



The parameter should appear on the screen or disappear if you have chosen to remove it. (Please do not save personal preferences so the monitoring will then go back to its original setting once switched off then on again) Do this with each one you wish to add or remove.

- The A line trace is in white (this is apparently different to other monitoring in the hospital and can cause initial confusion if staff are not used to our monitoring)

**If monitoring appears not to work**

- Checking base unit is switched on properly. Sometimes if you do not press the button correctly the light remains amber and so the base unit is not working.
- Check networks are all the same (lights on battery pack)
- Check batteries are in and charged.
- A line will probably need zeroing but this is the anaesthetists/ODP/nurse decision. (button saying zero all on monitor).

**PLEASE ENSURE THE UNIT IS LEFT PLUGGED IN WHILST NOT IN USE TO ENSURE CHARGED AND READY.**

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