

## Policy for Pre-MRI Screening

### I. PURPOSE:

To maintain a safe MRI environment for students, patients, and all healthcare personnel working in and around the MRI Department.

### II. SCOPE:

This policy applies to Daytona State College Radiography Students that are attending clinical education at a site that has a MRI Department

### III. POLICY:

Students will be screened using a Health Care Personnel screening form. These will be kept on file in the program office and will be provided to the clinical site before the beginning of the student's clinical rotation.

Trained MRI staff members will review the latest MRI safety information from the manufacture or at <http://mrisafety.com/> for implants, metallic foreign bodies, mechanical/electronic devices, or any other contraindications.

### IV. PROCEDURE:

1. Radiography students entering Zone IV will complete a Health care Personnel screening form.
2. Trained MRI staff will review the MRI history sheet while following screening protocols and determine if any further information regarding the student should be obtained.

### V. KEYWORDS:

Screening, MRI, zone IV, MRI safety

### VI. REFERENCES:

ACR guidance document on MR safe practices:2020  
<http://mrisafety.com/>

**MRI PRE-PROCEDURE SCREENING FORM**

**Name:** \_\_\_\_\_

The following items can interfere with MRI Imaging, and some may be hazardous to your safety. Please check the correct answer for each of the following: **ALL QUESTIONS MUST BE ANSWERED**

- Yes  No Aneurysm clip(s)
- Yes  No Vascular Stents, Filters, Coils  
Type/Date \_\_\_\_\_
- Yes  No Cardiac pacemaker
- Yes  No Implanted cardioverter defibrillator (ICD)
- Yes  No Artificial eye
- Yes  No Venous Umbrella
- Yes  No Electronic implant or device
- Yes  No Magnetically-activated implant or device
- Yes  No Neurostimulator (Tens Unit)
- Yes  No Spinal cord stimulator
- Yes  No Internal electrodes or wires
- Yes  No Bone growth/bone fusion stimulator
- Yes  No Any metallic fragments or foreign body
- Yes  No Insulin or other Infusion Pump
- Yes  No Implanted drug infusion device
- Yes  No Swan Ganz Catheter
- Yes  No Heart valve prosthesis
- Yes  No Eyelid spring or wire
- Yes  No Any type of prosthesis (eye, penile, etc)
- Yes  No Shunt (Spinal or intraventricular)
- Yes  No Vascular access port and/or catheter
- Yes  No Surgical staples, clips, metallic sutures
- Yes  No Rectal thermometer
- Yes  No Implant held in place by a magnet
- Yes  No Radiation seeds or implants
- Yes  No Cochlear, otologic, or other ear implants

- Yes  No Currently on Dialysis
- Yes  No Currently in Acute Kidney Injury (AKI) or Acute Renal Failure (ARF)

- Yes  No Shrapnel, Buckshot, Bullets
- Yes  No Wire mesh implant
- Yes  No Tissue expander (e.g. breast)
- Yes  No Harrington Rods (spine)
- Yes  No Joint replacements (hip, knee, etc.)
- Yes  No Bone/joint pin, screw, nail, wire, plate, etc.
- Yes  No Removable Dentures or partial plates
- Yes  No Tattoo or permanent makeup
- Yes  No Body Piercing(s)
- Yes  No Hearing Aid (remove before MRI)
- Yes  No Transdermal Medication Patch
- Yes  No Other implant \_\_\_\_\_
- Yes  No Breathing problem or motion disorder
- Yes  No Claustrophobia
- Yes  No Weight/Sandbag/Compression in use

- For Female Students:**
- Yes  No Are you pregnant
  - Yes  No Taking Fertility Medication  
Date of last menstrual period \_\_\_\_\_
  - Yes  No IUD, diaphragm, or pessary

**PREVIOUS SURGERY**

Please list ALL surgeries, regardless of when they occurred:

\_\_\_\_\_

**REMINDER: THE MAGNET IS ALWAYS ON**

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads. Please consult the MRI Technologist or Radiologist if you have any question or concerns BEFORE you enter the MR system room.

I attest that the above information is correct to the best of my knowledge. I read and understand the content of this form and had the opportunity to ask questions regarding the information on this form and MRI protocol. MRI clinical staff and the Clinical Coordinator must be notified if my status changes.

Signature of person Complete Form: \_\_\_\_\_ Date/Time \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Form Information Reviewed By: \_\_\_\_\_ Date/Time \_\_\_\_\_