CARE4 MODULE NAME: PCS/ IDM

How to document the MRI Screening Questionnaire and provide the information to the Diagnostic Imaging department
INPATIENT & ED ONLY (Not for ambulatory or outpatient ordering)

The screening for patients requiring an MRI is now done electronically. This helps to make sure this information is available to all clinicians.

MRI Screening Intervention

When an MRI order is placed for a patient, there will also automatically be an order called "MI MRI Screening". It will appear on the worklist with "Ao" in the column on the left.

	Care Item				Last Done	Status/ Due	Mon 13 Sep 01:00
Ao	MI MRI Screening				Once	112m	-111m	
A	OB Post Delivery Epidural Spinal CSE				Q1HR	4d	-35h	

The screening is mandatory for all patients and must be done before the patient can enter the MRI. Below, you can see that there are instructions/ reminders.

It is very important that when the screening is done, that the intervention status is set to "Complete". This is what transmits the information to the imaging department so the exam can be performed safely and without any delays.
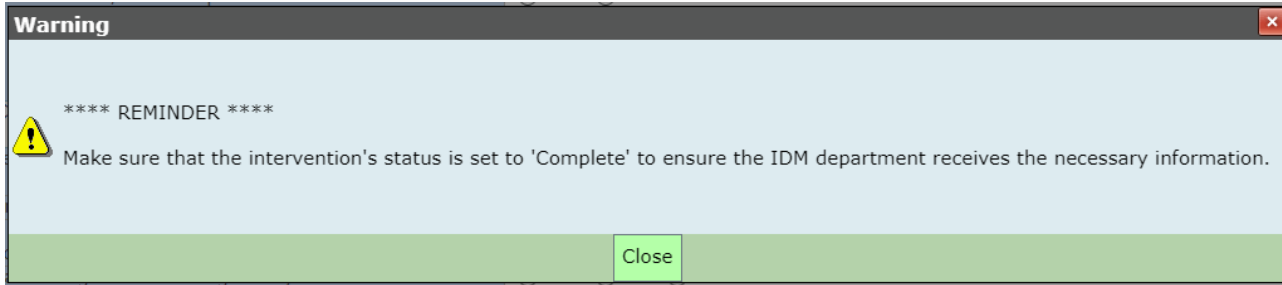

At the bottom of the screening questions, there is a question asking the user if the screening is done. If there are still some details that are missing, answer No.

Is Screening Complete?

If ALL questions are answered, you can enter Yes, which will iniate another reminder.

Warning ✕

⚠️ **** REMINDER ****
Make sure that the intervention's status is set to 'Complete' to ensure the IDM department receives the necessary information.

Close

This is a preview of what the diagnostic imaging department will receive.

MRI Inpatient Screening Checklist

		Address
Acct #	**Age**	
MRN	**Birth Sex**	
HCN		

Patient Location Seniors Care

> The following information must be obtained by the primary nurse. All questions must be answered before the patient can be scanned, this will prevent delays in results.
>
> ALL questions must be answered before sending the report to diagnostic imaging.

Is the patient:

Able to Consent/Provide Medical History?   No
Claustrophobic?   No
If 'Yes' patient is claustrophobic please ensure sedation is ordered.
Pain Managed/Able to Hold Still?   Yes
If the patient's pain is not managed please ensure pain medication is ordered.
Confused/Non-Responsive?   Y
   from the wife

If the patient is unable to answer medical history questions reliably, provide NOK/Substitute Decision Maker name and contact information (phone number). Answer all the questions in the screening checklist to 'Unknown', the MRI technologist will review the checklist with the familly member.

Screening Checklist:

Indicate if the patient has any of the following:
Any Cerebral Aneurysm Clips?   No
If 'Yes' provide details.
Aneurysm Clip Comments (Date/Location of Surgery):
Any Metal Injury to Eye Not Removed by MD?   No
Any Metallic Fragment or Foreign Body?   Yes
Pacemaker/Defibrilator/ICD (Now or Ever)?   No
Coils, Filters, or Stents?   No
A Neuro-Stim. or Stimulation Device?   No
Intraventricular Shunt in the Head?   No
Any Attached Equipment (Pump/Drain/Monitor)?   No
Any Type of Prosthesis?   No
If 'Yes' provide details.
Prosthesis Comments (Date/Location of Surgery):
Metallic, Magnetic, or Electronic Implant?   No
If 'Yes' provide details.
Metallic, Magnetic, or Electronic Implant Comment:

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