

DIAGNOSTIC IMAGING SERVICES

SECTION:	5 - MRI		
POLICY:	293	ARCHIVE #: 1420	PAGE 1
POLICY TITLE:	MODERATE SEDATION OF PATIENTS IN MRI SUITE		
DATE EFFECTIVE:	9/05		
AREA AFFECTED:	MRI, NURSING, RADIOLOGY, EMERGENCY DEPARTMENT		
REVIEW DATE:	10/05; 4/06; 6/07; 6/09; 2/12; 5/12; 6/16; 9/17		
REVISION DATE:	4/06; 6/07; 6/09; 3/11; 2/12; 6/16; 9/17		

POLICY:

Southwest General Health Center provides guidelines for the care and monitoring of patients when sedation is used in conjunction with the performance of an MRI procedure with the Anesthesia department.

PROCEDURE:

DEFINITIONS OF SEDATION: SEE POLICY #732

EXAMPLES OF FREQUENTLY USED SEDATION MEDICATIONS: SEE POLICY # 732.

I. INPATIENT MRI PATIENTS REQUIRING IV SEDATION FOR MRI PROCEDURE - SCHEDULING ROUTINES

A. REGULAR WORKING HOURS ONLY MONDAY - FRIDAY (12 - 3PM)

1. Nursing Floor sends ***physician*** order for ***request for moderate or deep sedation, Monitored anesthesia (MAC), or General anesthesia to MRI department with 24 hours notice if possible. For 'next day' scheduling of an MRI procedure with IV sedation, the MRI technologist notifies Anesthesia (through scheduling at the Surgery Desk). IR will be alerted of the case on a "need to know" basis. The IR nurse needs to know about the proximity of the patient receiving sedation or anesthesia, but is not required to be in attendance.***

2. ***Nursing staff obtains necessary orders for IV fluid for anesthesia administration of sedation or anesthesia. A working IV will be in place prior to transport of the patient to the MRI suite. If there is not a working IV, this will be communicated to the Anesthesia Care Provider prior to transportation of the patient for the procedure.***

DIAGNOSTIC IMAGING SERVICES

SECTION:	5 - MRI		
POLICY:	293	ARCHIVE #: 1420	PAGE 2
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II. EMERGENCY DEPARTMENT AND STAT MRI PATIENTS REQUIRING IV SEDATION FOR MRI PROCEDURE: - SCHEDULING STATS

A. REGULAR WORKING HOURS ONLY MONDAY - FRIDAY (12 - 3PM)

- 1. ED or floor sends order for STAT MRI with IV sedation to MRI Department. Ordering physician/nursing staff will provide orders for all medications needed. MRI will contact OR Control Desk at x8991 to schedule the anesthesia for the patient, and will notify Interventional Radiology of the time that the procedure has been scheduled. The Nursing Supervisor will also be notified by the MRI technician at this time of the upcoming patient procedure and time.**
- 2. MRI technologist will contact Anesthesia by paging the Anesthesia beeper #701.**
- 3. IF SEDATION REQUEST IS AFTER NORMAL WORKING HOURS PATIENT MUST BE TRANSFERRED TO UH FOR MRI SEDATION DUE TO SAFETY REASONS**

Full anesthesia services are available for MRI scanning on the main campus for any patient that requires more than minimal sedation due to pain in the supine position, movement disorders, or psychological issues.

However, if these patient's girth or weight exceeds the limitations on the hospital scanner, they will have to be transferred to UH.

III. MANAGEMENT OF PHARMACOLOGICAL AGENTS/SUPPLIES:

- 1. Anesthesia will obtain the requested MRI IV sedation medications from the pharmacy in a kit/box that is located in the OR pharmacy adjacent to PAA. The box and its contents have been tested and are safe for the MRI room. The Anesthesia Care Provider will place a patient sticker inside the box to provide patient information for drug charges.**

DIAGNOSTIC IMAGING SERVICES

SECTION:	5 - MRI		
POLICY:	293	ARCHIVE #: 1420	PAGE 3
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- 2. The anesthesia supply cart will be kept in main radiology room 1 storage and stocked/managed by anesthesia. The anesthesia machine will be kept in MRI zone IV and managed by MRI/Anesthesia.**

- 3. Unused medications in the box shall be returned to the pharmacy in their box. Controlled substances shall be wasted, and documented as such. The box will be transported with the patient from the MRI suite to PACU. Anesthesia will transport the used box to the pharmacy immediately after handing off the patient to PACU.**

- 4. Charging and crediting of medications will occur by the pharmacy manually when the box is returned to the pharmacy.**

IV. CARE OF THE PATIENT RECEIVING SEDATION OR ANESTHESIA DURING THE MRI PROCEDURE

- 1. Patient will be transported to the MRI suite on the first floor by transport, or their nurse if coming from the ER, OB or any Critical Care Units.**

- 2. SBAR/handoff communication between the nurse and the Anesthesia Care Provider will call the nurse caring for the patient to obtain a handoff report.**

- 3. Anesthesia will accept care for the patient throughout the procedure. On induction and emergence, the anesthesiologist and an anesthesia aide will be present with the provider.**

- 4. At 15 minutes prior to the end of the procedure, the MRI technician will call the anesthesia aide and anesthesiologist to attend to the emergence, and for transportation of the patient to the second floor PACU. The MRI technician will also notify the PACU of the upcoming transfer of the MRI patient to PACU.**

DIAGNOSTIC IMAGING SERVICES

SECTION:	5 - MRI		
POLICY:	293	ARCHIVE #: 1420	PAGE 4
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- 5. If at any time there is concern about the patient's safety or condition, the MRI technician will call a Code Blue at the direction of the anesthesia care provider.***

- 6. The patient will be transferred to PACU by the anesthesia team, and handoff will be delivered to the PACU nurse upon arrival.***

- 7. The patient will be transferred to their room after PACU discharge criteria is met by transportation. All ED, OB and Critical Care patients will be transported by an RN to their respective units. Transport monitors may be required, based on patient acuity and physician orders.***

REFERENCES: HOSPITAL POLICY #732 MODERATE AND DEEP SEDATION/ANALGESIA