

## Policy for Pre-MRI Screening

### Purpose

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

### Scope

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

### 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.

### 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.

### Keywords

Screening, MRI, zone IV, MRI safety

### 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:

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### 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, pocketknife, 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 Completing Form** \_\_\_\_\_ **Date/Time** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

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