



This document is for the internal use of
 EVDI Medical Imaging. Information
 and notations should not be
 considered as official findings
 or history for this examination.
 Please refer to the finalized exam report.

PT NAME: _____
 BD: _____ MRN: _____ DATE: _____
 COMPLETE OR PLACE PT ID LABEL HERE

MRI SCREENING

Weight: _____

Reason for MRI and/or symptoms: _____

Female Patients

Yes No

Are you pregnant or suspect that you may be pregnant?

All Patients

Yes No

Is your problem a result of an injury? If yes, what was the date of injury: _____

Have you had surgery on the area we are scanning today?
 What kind: _____ If yes, what was the surgery date: _____

Have you ever had an eye injury where metal entered your eye?
 If yes:

Was an examination of your eye performed at the time of the injury?

Was the metal removed?

Do you have a personal history of cancer?
 What type: _____

Have you ever had heart surgery?
 What procedure: _____

Have you had any brain surgery?
 What was done: _____

Are you in renal failure?

Are you on renal dialysis?

Are you claustrophobic?

If you are claustrophobic, have you been pre-medicated?

Do you have any of the following:

Yes No

- Brain stimulator (for Parkinson's)
- Electronic implant or device (e.g. pacemaker)
- Magnetically activated implant or device
- Implanted drug infusion device
- Neurostimulator
- Biostimulator
- Bone growth stimulator
- Eye prosthesis
- Eyelid spring or wire
- Cochlear or other ear implant
- Shrapnel, bullet, or foreign body
- Vascular filter, stent, or coil
- Penile implant
- Implanted items held by a magnet
- Recent cortisone injection? Date: _____
- Medication patch
- Removable dental work
- Hearing aids
- Body piercing jewelry
- Tattoo or permanent makeup
- Other: _____

For Technical Use Only:

Injection Site: ___ LT AC ___ LT Hand
 ___ RT AC ___ RT Hand

Injected: _____ cc

Discarded: _____ cc

Tech: _____

Complete or attach contrast label here:

Lot#: _____ Exp Date: _____

Patient Signature: _____

Guardian Signature: _____
(If the patient is a minor)

Reviewed by: _____



Policy: Emergency Medical Care	Policy Number: 401
Developed By: Imaging Committee	Date Adopted: June 1, 1999
Approval Signature: <i>Signature on File</i>	Date Revised: February 19, 2002

Policy:

It is the policy of the Company to administer emergency medical care until paramedics arrive.

Purpose:

The purpose of this policy is to ensure organized emergency medical care to imaging center patients whenever necessary.

Procedure for Activation of Policy:

1. CPR certification. (*See Human Resources Policies and Procedures Manual (HR PPM – Policy 214) for full description of current policy*)
2. Cardiac or respiratory arrests will be handled as follows:
 - a. Activate Emergency Medical Service (EMS) (Call 911)
 - b. Activate basic life support (BLS)
 - c. When possible, notify nurse, radiologist, or site manager.



Policy: Fire Plan	Policy Number: 402
Developed By: Imaging Committee	Date Adopted: June 1, 1999
Approval Signature: <i>Signature on File</i>	Date Revised: February 19, 2002

Policy:

It is the policy of the Company to ensure safety of staff, patients and visitors at all times.

Purpose:

The purpose of this policy is to provide organized and safe evacuation of any of our imaging facilities in the event of fire.

Procedure for Activation of Policy:

1. In the event of fire, remain calm and do NOT shout "FIRE".
2. Pull the fire alarm box
3. Call or have someone call 911
4. If the fire is in your area (*remember--RACE*):
 - a. Remove patients or personnel in immediate danger.
 - b. Activate alarm, send for help, pull fire alarm box or call front desk and give location of fire.
 - c. Confine fire and smoke by closing all doors.
 - d. Extinguish fire by using fire extinguisher or internal fire hose.
5. Personnel responsibility:
 - a. Evacuate all patients and visitors from the building. Technologists will escort current patients from the exam area to the nearest exit. Front office staff will escort all visitors and patients from the front waiting room to the nearest exit.
 - b. Site Manager or designee will walk through the center closing all doors and ensuring that all remaining staff and visitors have evacuated the building.

6. Site responsibility:

- a. Fire extinguishers will be kept and maintained as per Fire Department/OSHA guidelines.
- b. Fire alarms will be tested annually as suggested by Fire Department/OSHA guidelines.
- c. It is recommended that an outside maintenance company accomplish the above.



Policy: Sedation Administration	Policy Number: 201
Developed By: Imaging Committee	Date Adopted: June 1, 1999
Approval Signature: <i>Signature on File</i>	Date Revised: January 15, 2002

Policy:

It is the policy of the Company to sedate a patient when requested to do so by a physician.

Purpose:

The purpose of this policy is to ensure patients are administered sedation by qualified personnel and provided appropriate monitoring during and following the procedure.

Procedure for Activation of Policy:

1. Only a staff nurse or radiologist may administer sedation.
2. A radiologist must be present at that imaging center.
3. A pulse oximeter is used on all sedated patient.



Protocol PPM

Policy: IV Conscious Sedation	Procedure Number: PR-1101
Developed By: Helen Dietz, EVDI-Chandler Manager	Date Adopted: March 15, 2005
Approval Signature: <i>Signature on File</i>	Date Revised:

Position:

Radiologist and Registered Nurse (RN)

Purpose:

The purpose of this procedure is to provide guidelines on proper protocol for administering IV conscious sedation.

Definition of Versed:

Injectable Versed is indicated intravenously as an agent for conscious sedation prior to short diagnostic procedures. Versed (midazolam HCL) is a short acting benzodiazepine CNS depressant that produces sedation and amnesia. Its major indications include the alleviation of fear, anxiety, and apprehension.

Procedure for Activation of Policy:

1. Radiologist and Registered Nurses (RN) will assess the need for sedation of the patient.
 - a. The RN will do a baseline assessment of the patient.
 - b. The Radiologist will order the sedation to be administered.
2. All necessary emergency equipment will be readily available for resuscitation prior to the administration of sedation.
3. IV Versed will be administered as per manufacturer's guidelines for dosage, titration.
4. All patients receiving IV sedation will have continuous pulse oximetry during the procedure.
5. The assessment and documentation of the patient's status to the sedation will be documented at intervals dictated by their condition, but not to exceed 15 minutes.

6. The antagonist agent Romazicon (Flumazenil) will be available should it be necessary to reverse the effects of Versed.
7. Post sedation discharge criteria include:
 - a. Response to verbal and tactile stimuli.
 - b. Awake, alert, and oriented.
 - c. Absence of respiratory distress with O₂ saturation within baseline parameters.
 - d. Ability to stand and walk (or activity level within baseline parameters).
8. The nurse will review with patient and designated responsible person the instructions of patient care post sedation. Instructions to emphasize that:
 - a. Someone be with the patient for 4-6 hours after procedure.
 - b. Patient not to drive or operate hazardous machinery for 24 hours.
 - c. Patient not to consume any alcoholic beverages for 24 hours after receiving sedation.



Protocol PPM

Policy: Extravasation of I.V. Contrast	Policy Number: 1102
Developed By: Kimberly Singh, Desert Manager	Date Adopted: September 12, 2002
Approval Signature: <i>Signature on File</i>	Date Revised: August 16, 2005

Policy:

It is the policy of the Company to ensure patient safety when an extravasation of I.V. contrast has occurred.

Procedure for Activation of Policy:

1. Initial Treatment
 - a. Assessment of skin integrity and for evidence of altered tissue perfusion.
 - b. Elevation of affected extremity above the heart.
 - c. Ice packs (15-60 minute applications three times per day for 1-3 days).
 - d. Close observation for 1-2 hours (if volume exceeds 15mL).
 - e. Call referring physician (for any extravasation over 50mL).
2. Recommend patient go to the emergency room or urgent care for the following indication:
 - a. Extravasated volume exceeds 30mL of conventional ionic or 100mL of nonionic contrast material.
 - b. Skin blistering.
 - c. Altered tissue perfusion (decreased capillary refill over or distal to injection site).
 - d. Increasing pain after 2-4 hours.
 - e. Change in sensation distal to site of extravasation.
3. Follow-up phone calls by nurse, technologist or radiologist until manifestations resolve to assess for the following:
 - a. Residual pain.
 - b. Blistering.
 - c. Redness or other skin color change.
 - d. Hardness.

- e. Increase or decreased temperature of skin at extravation site (compared with temperature of skin elsewhere).
4. Documentation.
- a. Contrast material extravasation form (for departmental monitoring and quality assurance). (*See Protocol PPM – Appendix B – Extravasation Form.*)

EXTRAVASATION FORM

Patient _____

Date: _____

Contrast used: _____

DOS: _____

Site/s of concern: _____

Describe patient's initial signs and symptoms:

Comments:

Redness

Blistering

Altered tissue perfusion

Pain Immediate Increasing after 2-4 hours

Sensation changes Describe: _____

Initial treatment

Check if applicable

Comments:

Elevation of affected extremity above the heart

Ice packs over affected area

Duration _____ mins

Observation 1 to 2 hours (>15 mL)

Duration _____ hrs / mins

Referring physician contacted (>50 mL)

Physician _____ Time _____

Follow up phone calls to patient to assess:

Comments:

Residual Pain

Blistering

Redness or other skin color changes

Hardness

Increased/decreased temperature of skin at extravasation site

Change in sensation

Comments: _____

Radiologist Signature Date

Nurse/Tech Signature Date