Magnetic Resonance Imaging

SAFETY SCREENING FORM

Attach patient label

Height: _____ Weight: _____

Warning: Incorrect or incomplete information on the MRI safety screening form may result in serious injury or death. Please ensure all questions are completed correctly.

		YES	NO
1	Have you had an MRI scan before?		
2	Have you ever had or do you have a cardiac pacemaker, pacing leads or defibrillator?		
3	Have you ever had an aneurysm in your head, clipped or treated?		
4	In your lifetime, have you **EVER** had any surgery to your..... *(if YES please detail)* a) Heart or Chest?		
	b) Head or Brain? *(e.g. hydrocephalus shunt)*		
	c) Eyes? (*e.g. retinal tack*)		
	d) Ears? *(e.g. cochlear implant, stapedectomy)*		
	e) Spine? *(e.g. spinal fixation, discectomy)*		
5	Do you have any metal clips, pins, plates, screws, joint replacements? *If 'Yes' please detail:*		
6	Do you have any electronic, mechanical or magnetic implants or **pumps**? *(e.g. neuro-stimulator, insulin pumps, glucose monitoring device, TENS)-If 'Yes' please detail:*		
7	Do you have any other type of implant in your body? *e.g. stents, breast implant, contraceptive- IUD* *If 'Yes' provide details please:*		
8	Have you **EVER** had an eye injury where metal could have entered your eyes?		
9	Have you **EVER** had any incidents where bullets, shrapnel or other pieces of metal have entered your body?		
10	Have you had an endoscopy performed in the last 6 weeks? Or PillCam in the last 2 weeks *If 'Yes' please detail:*		
11	Have you **EVER** had any surgery in your lifetime? *If 'Yes' please detail below:*		
12	Do you have or ever had: a) kidney disease b) Kidney transplant c) asthma d) previous reaction to contrast		
13	Are you being considered for a liver transplant?		
14	Do you have diabetes, epilepsy or blackouts?		
15	**Do you have any of the following today?** a) Dental plate with metal?		
	b) A hearing aid?		
	c) Body piercing, jewellery?		
	d) Wearable exercise equipment, artificial limb, calliper, corset or hairpiece?		
	e) A nicotine, pain relief, hormone patch, silver dressing or ECG electrode stickers/ cables?		
	f) A tattoo, permanent makeup, magnetic eyelashes?		
	g) Coloured contact lenses?		
16	Is there any possibility that you may be pregnant? If 'No' please state first day of your last period:		

Name of Relative/Carer_____ **Relationship to patient**_____

Referring Doctor completing checklist:

I have contacted the patient's relative or carer and asked all of the above questions and made reasonable efforts to ensure those answers are correct e.g., cross checking implant manufacturer and model with available patient records

Signature _____ **Print name** _____**Date**_____

I have checked the patient's identity as per GGC policy and removed all necessary items. I am also aware of GGC guidance on MR scanning patients with incapacity and where appropriate, have referred to this guidance

Signature of Radiographer_____ **Date**_____

MRI Drug and Contrast Administration Record

Attach patient label here

Do you have any diabetes, kidney problems or kidney transplant?

Yes / No

If '**Yes**', a recent eGFR must be obtained

eGFR _____

Date of eGFR _____

Contrast Administered:

Name of Contrast: ..... Volume injected: .....

Batch no: ..... Expiry Date:.....

Authorised by: ..... Checked by: ..... Venflon by: .....

Injected by: ……

Venflon: ..... Butterfly: .....
Pump: ..... Hand Injection: .....

Additional drugs administered (Buscopan, Furosemide etc):

Drug: ..... Volume: ..... Batch no: .....

Administered by: ..... Expiry Date: .....

Drug Reactions **YES / NO**

If "Yes" please provide details: .....

Buscopan Date _____

Have you ever had Buscopan before? Yes / No

Do you have any of the following?

Heart disease / Cardiac problems:	Yes / No
Glaucoma:	Yes / No
Myaesthenia Gravis:	Yes / No
Porphyria	Yes / No
Megacolon	Yes / No
Mechanical Stenosis GI tract or Paralytic Ileus	Yes / No
Difficulty emptying the bladder	Yes / No
Previous allergy to Buscopan	Yes / No
Are you Breast feeding?	Yes / No

Patient

I confirm the above information to be true

Patient's Signature _____

MR Radiographer

Buscopan to be administered? **YES / NO**

Signature of MR radiographer _____

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If "NO" to all questions then Buscopan can be given by Radiographer (as per PgD) or Radiologist.

If "YES" to any of the above questions then Buscopan is contraindicated and must not be given.

If Buscopan is contraindicated, seek advice from radiologist as