

Guidance for referring patients in MRI that are incapacitated, unconscious, or for whom a full clinical history cannot be ascertained from the patient

Introduction

MRI referral questions are the first stage in the robust MRI screening procedure and help ensure a safe and efficient scanning service. Accurate completion of the MRI referral questions is very important for all MRI referrals. Although rare, patient injuries and deaths have occurred as a result of MRI scanning of undeclared implants or incorrectly identified implants. When made aware of patient implants prior to MRI scan appointments being booked, MRI staff can ensure the patient can be scanned safely and efficiently, with appropriate checks and support staff available, where appropriate.

When attending an MRI appointment, patients are asked to go through a safety checklist, as a final check before they are allowed to enter the MR Environment. However, when unable to obtain a full clinical history from a patient for any reason, this crucial final stage in the MRI screening procedure cannot be performed. For this reason, it is essential that the MRI referrer provides a full and accurate clinical history. If there are implants that are undeclared/undetected or incorrectly identified, there is an increased risk of injury to the patient. Similarly, pre-existing medical conditions may preclude certain MRI examinations (e.g. pregnancy or previous reaction to Gadolinium-based Contrast Agent, GBCA).

What follows is some general guidance for MRI referrers when referring patients for MRI that are incapacitated, unconscious, or for whom a full clinical history is uncertain or cannot be ascertained from the patient.

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Guidance

Due to the variable nature of this scenario, the following list is not a step-by-step guide. Please consider the full list as a variety of approaches that can be used when appropriate to each specific scenario.

1. We recommend MRI referrers complete the Turas e-learning module “MRI safety training for MRI referrers” annually. If you have not completed this within the last year, please do so.
2. There are a number of people who may be able to complete or assist with the completion of the MR screening form on behalf of the patient. This might be the patient’s Power of Attorney, next of kin, parent or guardian, carer, social services or a healthcare provider familiar with the patient’s medical history.
3. Include in the referral if the patient is incapacitated, unconscious, or for whom a full clinical history is uncertain or cannot be ascertained.
4. The MRI referrer is required to review the patient’s clinical records for evidence of prior surgery and then must complete and sign the MRI checklist, meaning that the referrer takes full responsibility for the accuracy of the information detailed on the checklist. This must be completed before a scanning slot can be booked.
5. If there are any gaps or uncertainties in the clinical history that cannot be resolved, please detail these so that they can be included in the risk/benefit analysis.
6. The referrer must contact the MRI department if they have any questions.
7. A risk/benefit analysis may be required to be performed by a Radiologist, with input from the MRI referrer and MRI Physics, as required. The MRI referrer is expected to provide input on the clinical benefit of the MRI scan and detail any areas of uncertainty of the patient’s clinical history. MRI Physics will also be able to provide input on the risk. If the benefit is deemed to outweigh the risk, approval must be documented including details of the risk and medical necessity for the MRI examination. This decision is to be recorded by having the Radiologist sign off the MR safety checklist.
8. The use of GBCAs should be carefully considered, particularly where it is not known if the patient is pregnant or has poor renal function. Standard procedures for determining suitability should be followed prior to the administration of GBCA, such as a recent GFR or eGFR. If the safety of administering a GBCA cannot be determined, seek clinical advice.
9. If there are specific concerns in regard to the static magnetic field and there is little clinical benefit to scanning at 3T then scan at 1.5T

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