

**Magnetic Resonance Imaging  
RN Checklist for MR Inpatient**

**Pt Name CPI;** \_\_\_\_\_  
**Location:** \_\_\_\_\_

**Please complete and return to MRI (tube station E6) as soon as possible**

- 1) Patient must be sent to MRI in a gown, metal free (all body piercing/jewelry/ hairpins and other metal must be removed before sending patient to MRI)
- 2) Patient must have a peripheral IV in place (20 gauge or larger bore angiocatheter)
- 3) No temp sensing Foley (replace with regular Foley)
- 4) Is patient on an IV pump controller? Y    N  
(If yes, the patient must be taken off the pump, (free flowing IV Dial-a-flow, MED-EX syringe infusion pumps are other options)
- 5) Is the patient on oxygen? (if yes, send 15 feet of tubing) Y    N
- 6) Is the patient on a vent? (if yes, call SWAT) Y    N
- 7) Is the patient claustrophobic? (If yes, indicate type and amount of of sedation being given): \_\_\_\_\_ Y    N
- 8) Does the patient have a metal tracheotomy? Y    N  
If yes, (metal trach or Bivona, must be changed to Shiley)
- 9) Does the patient have any other surgical implants? Y    N  
(If yes, must list type/manufacturer, date of implantation)  
\_\_\_\_\_
- 10) Travel wheel chair \_\_\_\_\_ stretcher \_\_\_\_\_ SWAT \_\_\_\_\_
- 11) Is the patient allergic to MR contrast/other contrast/food Y    N
- 12) Height: \_\_\_\_\_ ft/in                      weight: \_\_\_\_\_ lbs/kg
- 13) If the patient has a history of kidney failure or sickle cell disease, please list CR and BUN below:

**CR** \_\_\_\_\_    **BUN** \_\_\_\_\_    **GFR** \_\_\_\_\_    **DATE** \_\_\_\_\_

What is the patient's general condition?

\_\_\_\_\_  
\_\_\_\_\_

Are there any special precautions that need to be taken with this patient?

\_\_\_\_\_