

Department of Anesthesia

Title:

Evaluation Guidelines and Procedures
MRI Patients Requiring Anesthesia Services

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Attachment:

None

Evaluation Guidelines:

All patients scheduled for MRI requiring anesthesia services should be evaluated and a determination made by qualified personnel whether certain testing is necessary. The following are guidelines that generally should be followed as part of the anesthesia workup. The attending anesthesiologist may waive any or all testing, if the risk of waiting for the test outweighs the risk of proceeding. At the discretion of the anesthesiologist, blood tests on certain patients, such as pediatric patients, may be deferred until post-induction. In patients with serious unstable diseases, such as active cardiac and/or pulmonary disease, clearance from specialists may be required. Such patients should be sent to the Screening Test Center prior to MRI scheduling.

Screening Test PRIOR to Procedure:

Pre-Procedure Test	Indication	Time Before Procedure
CXR	Under active treatment for cardiac/pulmonary disease	Within 2 weeks
EKG	Under active treatment for cardiac disease	Within 2 weeks
	Age over 55	Within 6 months

Tests To Be Performed on DAY of Procedure:

Test	Indication
Hematology	
Hematocrit	Anemia, active bleeding, ESRD
Chemistry	
Electrolytes	ESRD, diuretics, digitalis, active N/V, endocrine disease,
Glucose	DM, TPN
Pregnancy test	See Pregnancy Screening Guidelines: Policy # 9052

Results of the above tests are valid only if the tests were done within 24 hours. Stat tests using the GEMSTAT (available in OR and GI Suite can be done by the MRI staff nurse and read by the anesthesiologist.

Non Laboratory Clearance:

1. Admission Information
2. Consent for MRI under general anesthesia
3. Referring MD information
4. Updated medical history and physical exam by referring physician
5. Complete anesthesia evaluation by the Anesthesia Team

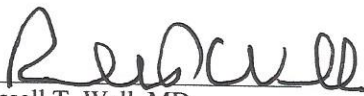
Procedure:

The following protocol will be followed as a guideline for all outpatient MRI procedures requiring general anesthesia.

1. The MRI nurse will be responsible for scheduling all outpatient MRI procedures requiring general anesthesia through the OR scheduling office (ext. 4-2720).

2. The MRI nurse will be responsible for obtaining the patient's history and physical, laboratory results, if required, and other pertinent data from the ordering physician (see Anesthesia Evaluation Guideline).
3. The MRI nurse will be responsible for reviewing the patient's history to determine the need for the patient to consult with the Department of Anesthesia prior to the day of the procedure (see Anesthesia Evaluation Guideline).
4. All required forms used by Anesthesia will be stored in the MRI suite and made available for each case. All used forms will become a part of the patient's medical record.
5. The Department of Anesthesia will be responsible for reviewing the pre-anesthesia assessment information and explaining the anesthesia procedure to include the risks associated with the anesthesia to the patient.
6. The MRI nurse will be responsible for obtaining the patient's signature on the Anesthesia consent form for consent to "Administration of Anesthesia".
7. The MRI nurse will be available during the MRI procedure to assist the Department of Anesthesia as needed.
8. All patients will be primarily recovered in the GI PACU or other designated area as deemed necessary.
9. The Same Day Surgery discharge protocol will be used for the patient discharge.
10. Anesthesia will be responsible for the recovery of the patient.

If the patient's clinical condition warrants further evaluation for unscheduled admission, the patient will be referred to the Emergency Department. If the patient needs a prolonged recovery in PACU, the Clinical Administrator will be contacted and existing hospital protocol will be followed.


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