

MRI/MRA PREP INSTRUCTIONS

Ord Description:

Ord Date:

1. Complete MRI Screening Form (below) - If patient is not coherent or a poor historian, please contact a family member, who is familiar with the patient's medical history. If unable to contact a reliable family member please call MRI at extension .
2. When form is completed, fax to MRI: Medical Ctr X , Carrollwood X Place original in the Radiology section of the chart.
3. Patient should have a 22 gauge or larger heplock.
4. If patient is for a MRI/MRA abdomen or pelvis call MRI to coordinate exam time and keep patient NPO 4 hours prior to exam.
5. Obtain order for patient to come off tele and IV pumps for duration of th exam. If the patient cannot come off tele, arrangements will need to be made for a nurse to monitor the patient during the procedure.

	(Circle One)		Comments/Date of Procedure
Aneurysm Clips	Yes	No	_____
Intracranial bypass graft clips	Yes	No	_____
Coronary artery bypass clips	Yes	No	_____
Renal transplant clips	Yes	No	_____
Other vascular clips or stents	Yes	No	_____
Middle ear prosthesis	Yes	No	_____
Orbital prosthesis (Eye)	Yes	No	_____
Cardiac pacemaker/defibrillator	Yes	No	_____
Cardiac valve prosthesis	Yes	No	_____
Artificial limb/ortho device	Yes	No	_____
Joint prosthesis	Yes	No	_____
Neurostimulator/Bio Simulator	Yes	No	_____
Implants	Yes	No	_____
Orthodontics/Dentures/Braces	Yes	No	_____
Scrapnel/bullets	Yes	No	_____
Vena cava filter	Yes	No	_____
Insulin or Morphine inf pumps	Yes	No	_____
Tattoo/Tattoo eyeliner	Yes	No	_____
Metal Worker (sliver in eye)	Yes	No	_____
Pregnant	Yes	No	_____
Claustrophobic/Disoriented/ Uncooperative	Yes	No	_____

*If yes, please obtain sedation orders, and give "on-call" to MRI

Surgeries: _____

Allergies: _____

Patient or Patient's Representative: _____

Nurse: J. K. Technologist: _____

MRI
 PATIENT HISTORY AND SCREENING
 University Community Hospital
 Tampa, Florida