M2326
Rev. 4/14

Duke University Hospital
DUKE UNIVERSITY HEALTH SYSTEM

PATIENT MRI SAFETY SCREENING

Place Patient Label Here

Please list all surgeries and year performed:

____

____

____

Please read carefully and indicate if you have any of the following:

Item	Yes	No	Item	Yes	No
Aneurysm Clips	☐ Yes	☐ No	Pacemaker / Defibrillator (ICD)	☐ Yes	☐ No
Heart Valve	☐ Yes	☐ No	Neurostimulator	☐ Yes	☐ No
Spinal Cord Stimulator	☐ Yes	☐ No	Drug Infusion Pump	☐ Yes	☐ No
Bone Growth Stimulator	☐ Yes	☐ No	Stent / Filter / Coil / AAA repair	☐ Yes	☐ No
Programmable Shunt	☐ Yes	☐ No	Vagus Nerve Stimulator (VNS)	☐ Yes	☐ No
Hearing Aids	☐ Yes	☐ No	Wire Mesh Implant	☐ Yes	☐ No
Prosthetic Limb	☐ Yes	☐ No	Medication Patches	☐ Yes	☐ No
Tracheostomy	☐ Yes	☐ No	Joint replacement (knee, hip etc.)	☐ Yes	☐ No
Prosthesis (penile, eye etc.)	☐ Yes	☐ No	Cochlear / Ear / Eye / Eyelid implant	☐ Yes	☐ No
Metal in eyes	☐ Yes	☐ No	Epidural / Swan Ganz catheter	☐ Yes	☐ No
Body Piercings / Tattoo	☐ Yes	☐ No	Metal rods, screws, pins etc.	☐ Yes	☐ No
Recent Endoscopy	☐ Yes	☐ No	MRI / CT contrast allergy	☐ Yes	☐ No
Dentures / Partial Plates	☐ Yes	☐ No	Claustrophobia	☐ Yes	☐ No

Injury by a metallic object (gunshot, shrapnel etc.) .... ☐ Yes ☐ No

Have you had a prior MRI. (If Yes, where ______________________) .... ☐ Yes ☐ No

For Female Patients:

Are you pregnant? .... ☐ Yes ☐ No

Date of last menstrual period _____ / _____ / _____ or Postmenopausal .... ☐ Yes ☐ No

Are you taking any form of birth control? .... ☐ Yes ☐ No

Do you have an IUD, Diaphragm or pessary? .... ☐ Yes ☐ No

Do you have a breast tissue expander? .... ☐ Yes ☐ No

Are you currently breast feeding? .... ☐ Yes ☐ No

Are you presently undergoing fertility treatments? .... ☐ Yes ☐ No

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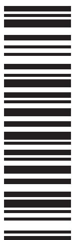
IMPORTANT INSTRUCTIONS

Before entering the MR scan room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, glasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, magnetic strip cards, coins, pens, pocket knife, nail clipper tools, clothing with metal fasteners & clothing with metallic threads.

Please consult MRI staff if you have any questions or concerns BEFORE entering MRI system room.

NOTE: You will be provided with earplugs, headphones or other hearing protection to prevent possible problems or hazards related to acoustic noise.



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I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of person completing form______________________ Date _____ / _____ / _____

Form completed by: ☐ Patient ☐ Relative ☐ Nurse Print name. ______________________

Reviewed by (MRI staff only): sign ______________________

Print ______________________ Time __________ am / pm

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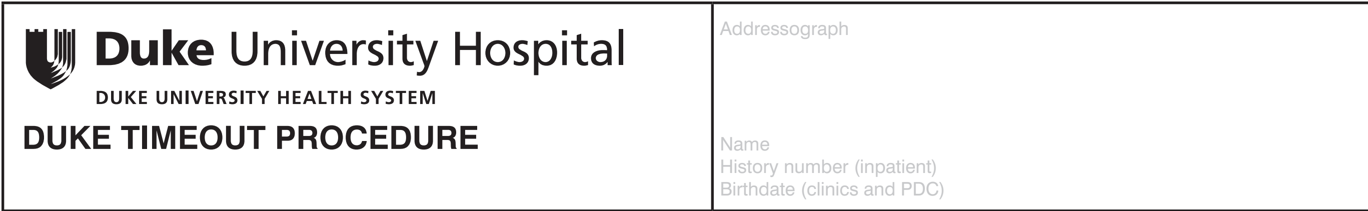

FOR TECHNOLOGIST USE ONLY

Objectives: To confirm correct patient and exam, confirm MRI safety of patient, staff, and equipment, and eliminate MRI risks prior to entry in zone 4.

Procedure: ***At least one staff member involved must have current level 2 MRI Safety training***. Assemble related staff and patient in zone 2. It is acceptable for a single technologist to perform the timeout, however all personnel involved in the timeout are required to provide verbal confirmation of the following:

- Confirm correct patient through 2 identifiers (name and date of birth)-reconcile with patient requisition. The technologist asks ***'Does all staff agree that this is patient (name), date of birth xx/xx/xx?' All staff verbalizes their agreement.***
- Confirm body part being scanned and laterality, if applicable-reconcile with the requisition and the patient. The technologist asks ***'Does all staff agree that we are scanning the (exam ordered) or the LT/RT (exam ordered)?' All staff verbalizes their agreement.***
- Confirm patient MRI screening is complete -reconcile with MRI screening form.
- Confirm only MR conditional/safe equipment is being used.
    - Wheelchairs, stretchers, oxygen tanks, IV poles, medication pumps, monitors, etc.
    - Check for any additional items on patient, stretcher or wheelchair.

  The technologist states ***'Does everyone agree that only MRI safe or conditional equipment is being used?' All staff verbalizes agreement.***
- Confirm all non-MRI staff compliance with zone 4 conditionality-
    - Verify any surgeries/implants verbally
    - Check pockets
    - Check person
    - Verify with Metrasens screener (if available)

Patient Name_______________________________ MRN ______________

Technologist: (Print Name) ____

Date: ________________ Time: ________________

Signature:_________________________________

*Signing this form indicates that all criteria have been met.

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