**Ordering a non-sedated MRI:**

* MRI hours 7 am to 10 pm. Only true emergencies between 10 pm and 7 am
* MD orders study in Cerner as non-sedate
* MRI RN then calls bedside RN when they are ready for patient
* Ordering MD can call the MRI RN (ph2927) after 9am to get an idea of when the MRI is likely to take place

\*Consider using Child Life for any child to avoid sedation (especially if 5yo and older)

\*Infants <1-2 months could get non-sedated “bundled” MRI

**Ordering an inpatient sedated MRI:**

* These studies usually last up to 1-2 hours and sedation takes place in MRI suite by an anesthesiologist (no RN-sedate).
* Non-emergent:
  + Ordering MD places order in Cerner and indicates need for sedation
  + Make child NPO per protocol (see below)
  + Ordering MD determine if patient needs surgical plan of care as this determines if patient will possibly need general anesthesia with endotracheal intubation (see anesthesia sedation criteria and discuss with MRI RN ph2927)
    - If Surgical Plan of Care is needed for GETA with ETT:
      * Fill out Surgical Plan of Care form and return the form to the Surgical Posting Office (fax 2013)
      * Call anesthesia Hall Monitor (602-4527) after 8am to discuss when study time might be to help set family expectations
  + If patient does not need Surgical Plan of Care, then the MRI charge nurse, neuroradiology team, and anesthesiology get together to decide order and urgency of each ordered study.
  + Ordering MD can call the MRI RN (ph2927) after 9am to get an idea of when the MRI is likely to take place to help manage family expectations

\*Approximately 3-4 spots are available Monday-Friday from 7:30am-3:30pm for inpatients, emergencies, and overflow from previous days (inpatient studies usually occur late morning and afternoon)

* Emergent:
  + Make patient NPO as soon as need for sedation is discovered
  + Primary team and radiologist (attendings and residents) must agree that the MRI is emergent (ie. MRI needed and results will immediately impact patient care) and that a CT scan cannot adequately answer the clinical question. Limited primarily to issues of cord compression.
  + Daytime: process should follow non-urgent process (see above)
  + Nights and w-e:
    - MRI case should be booked through the OR as an emergency by the primary team with the primary team available to intervene or follow up (will need surgical plan of care faxed to 4506)
    - Primary team contacts Anesthesia attending on call (602-4527 to give history of patient and reason for emergency study
    - Primary team recontacts the radiologist concerning the start time. The radiologist will coordinate the arrival of the MRI RN and tech.
    - Primary team is responsible for the patient arriving with parents to the MRI suite at designated time
    - Anesthesiologist will get consent for sedated study immediately prior to sedation (NEED PARENTS!)
    - nn call MRI RN will be available for sedation/anesthesia and MUST be present to assure all safety protocols are met. Crisis nurse can be used and may be helpful in bringing patient down for scan.

**Adding on minor procedure to an inpatient sedated MRI (location: MRI induction room):**

* **It is expected that consent is obtained ahead of time as it cannot be a reason for MRI/procedure delay**
* Possible studies that can be added on but are not guaranteed (usually the last 1-2 inpatient slots of the day given extra time/manpower that is required):
  + Lumbar punctures
    - Most commonly done by Heme/Onc and Neurology, as they require an attending / LIP to complete the procedure (attending is required because these must be done most efficiently to avoid sedation delays in the MRI suite)
    - Team will be notified by MRI RN when they should head down to perform the LP. Procedure team should be ready and waiting when the MRI is complete.
  + Blood draws
    - Ordering physician should contact MRI RN (ph2927) to ask if they would be able to draw blood during sedation
    - If given approval, ordering physician and bedside nurse should print out labels and get tubes ready, so the anesthesiologist is just responsible for drawing the blood and sending to lab.

**Adding on major procedure to an inpatient sedated MRI (location: OR):**

* These are very difficult to schedule under the same anesthetic, as they require coordination between multiple subspecialties, location change, and dedicated anesthesiologist present throughout whole procedure. Please do not promise these studies to your patients. Most likely they will need two separate sedations to complete both procedures.
* These studies require a surgical plan of care (see above)
* Studies that this includes:
  + Fluoroscopic Lumbar Punctures
  + Myringotomy/tube placement
  + Other surgical procedures

**NPO Guidelines for elective/non-urgent procedures:**

* 8h prior to procedure: stop solid foods
* 6h prior to procedure: stop non-human milk (gastric emptying similar to solids)
* 4h prior to procedure: Breast milk and clear liquids
  + The one exception is clear liquids may be consumed up to 2h prior to procedure in:
    - Otherwise healthy patients
    - Infants (<1yo)