

Clinical Policy 9.2 MRI Safety

During the second year of clinical practice, students may choose specialty areas for additional clinical rotations and must complete the “Day in a Life” assignments in advanced modalities and other disciplines. It is the responsibility of the program’s clinical instructor to provide appropriate occupational and patient safety training for any student who may enter Zone III of an MRI department.

Because of the possibilities for any student to render aid in and around an MRI department, all students will be required to complete the MRI Screening Protocol Checklist prior to entering the clinical phase of the program. Completion of the checklist will ensure that no contraindications exist which would put the student at risk while in the magnetic environment. Students are mandated to notify program officials should their status change at any time during the program.

5/15 5/20 10/20

Radiologic Technology Program
MRI Screening Checklist for Students
Guidelines from ACR's Safety Screening Form for MR Procedures 2020

Please check any that apply:

- | | |
|--|---|
| <input type="checkbox"/> Aneurysm clip(s) | <input type="checkbox"/> Spinal fixation device |
| <input type="checkbox"/> Cardiac pacemaker, defibrillator, or other cardiac implant | <input type="checkbox"/> Radiation seeds |
| <input type="checkbox"/> Any type of electronic, mechanical, or magnetic implant | <input type="checkbox"/> Medication patch (Nicotine, Nitroglycerine) |
| <input type="checkbox"/> Magnetically-activated implant or device | <input type="checkbox"/> Surgical mesh |
| <input type="checkbox"/> Neurostimulator, diaphragmatic stimulator, deep brain stimulator, vagus nerve stimulator, bone growth stimulator, spinal cord stimulator or any biostimulator | <input type="checkbox"/> Tissue expander (e.g., breast) |
| <input type="checkbox"/> Internal electrodes or wires | <input type="checkbox"/> Surgical staples, clips |
| <input type="checkbox"/> Cochlear or other ear implant | <input type="checkbox"/> Joint replacement |
| <input type="checkbox"/> Drug pump (e.g. insulin, baclofen, chemotherapy, pain medicine) | <input type="checkbox"/> Pins, screws, nails, wires, or plates |
| <input type="checkbox"/> Any type of prosthesis (eye, penile, etc.) | <input type="checkbox"/> IUD, diaphragm, or pessary |
| <input type="checkbox"/> Artificial heart valve | <input type="checkbox"/> Partial plates, dentures or false teeth |
| <input type="checkbox"/> Eyelid spring or weight | <input type="checkbox"/> Body piercings |
| <input type="checkbox"/> Artificial or prosthetic limb | <input type="checkbox"/> Hearing aid (remove before MRI) |
| <input type="checkbox"/> Any stent, filter, or coil | <input type="checkbox"/> Tattoos or tattooed liner |
| <input type="checkbox"/> Shunt | <input type="checkbox"/> Foreign body (e.g. metallic slivers, BB, bullet, shrapnel, shavings, etc.) |
| <input type="checkbox"/> Vascular access port | <input type="checkbox"/> Wig or hair implants |
| <input type="checkbox"/> Ingestible "pill cam" | <input type="checkbox"/> Magnetic cosmetics (e.g. magnetic eyelashes, magnetic nail polish) |
| | <input type="checkbox"/> IV access port (e.g. Broviac, Port-a-Cath, Hickman, PICC line) |

According to Policy, the student must inform program faculty if any change to this document occurs.

Student signature _____

Date _____

Clinical Coordinator signature _____

Date _____