

**SUNY DOWNSTATE MEDICAL CENTER
UNIVERSITY HOSPITAL OF BROOKLYN
POLICY AND PROCEDURE**

No: MRI-14

**Subject: "MRI Thermal Injury
Response & Documentation "**

Page 1 of 2

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T.J.C. Standards EC.02.01.01: (EP.14 & EP.16) The hospital manages safety and security risks

LD.04.01.01: The hospital complies with law and regulation.

PI.01.01.01: The hospital collects data to monitor its performance

Related Policy: (RM-1) Incident Reporting

Issued by: Radiology Department

I. PURPOSE:

To prevent a patient from thermal injury during a scan and maintain a written record of all patient related burns resulting from an MRI procedure

II. DEFINITION

III. POLICY

All patients' burns resulting directly from the MRI procedure will be recorded and maintained on file for Review by all regulatory agencies. A dedicated MRI thermal Injury Log will be maintained in the suite.

IV. RESPONSIBILITIES

Nursing Staff, MRI Technologist, Radiology Staff and Radiologists, ordering/referring Physicians.

V. PROCEDURES /GUIDELINES:

All patients will remove their clothing and will change into a provided cloth gown.(clothing May contain electrically conductive materials such as metallic threads).

All patients will be subjected to a safety screening evaluation to ensure there are no Imbedded or external ferro-magnetic objects present.

Patients will be instructed to contact the technologist during the exam if they are feeling Any sensations (especially if patients have tattoos). In this case the technologist can Place a cold pack over the area to minimize heating.

MR-14 PATIENT LOG "MRI BURNS"

The MRI technologist will immediately notify the MR Medical Director ,The MR Safety Officer, MR Manager, Patients Supervising Nurse, the Radiologist and the referring physician of any incident involving a patient sustaining an MR burn.

In the event of an injury:

The MRI Technologist will take immediate steps, if necessary, to shut down the Magnet and follow the steps outlined below:

1. The injured person will be removed from the magnet room and moved into zone 3 .
2. A Radiologist will be called to evaluate the patient's condition.
3. The radiologist will consult with the referring/ordering physician and a determination will be made as to the course of treatment, if deemed necessary .

The MR safety Officer will report the incident immediately to:www.fda.gov/medwatch. The technologist will complete a patient incident report and forward it to Risk Mngt , Radiology Administration .

- a. The *MRI Technologist will also log the incident into* the Patient Burn log.

Note the entry must include the following:

1. Patient name
2. Date of burn
3. MRN#
4. Location of burn
5. Item which may have contributed to a burn.,
6. Initials of the Technologist
7. The clinical personnel that was notified and evaluated the patient
8. Action taken

All incidents will be reported to the Radiology Performance Improvement committee. Data collected from incident reports will be included in the Radiology Monthly Department PI Report.

VI. Monitoring SAR:

Technologist will monitor the SAR levels "Specific Absorption Rate" and stay within the appropriate levels. . This is the RF power absorbed per unit mass of an object. SAR describes the potential for heating of the patient's tissue due to the application of the RF necessary to produce the MR signal.

VII. ATTACHMENTS

BURN LOG Sheet

VIII. REASON FOR REVISION: Review

REFERENCES

The Joint Commission Standards

UHB Policy (RM-1) <http://www.downstate.edu/regulatory/pdf/policies/RM-01.pdf>

Date Review	Revision Required (Check One)		Responsible Staff Name and Title
6/2010	yes		James Shanahan, Director Radiology
1/2016		NO	Vincent Monte, Assoc. Director Radiology Department
11/2018		No	Vincent Monte, Assoc. Director Radiology Department
	Yes	No	
	Yes	No	