

MRI UNDER GENERAL ANAESTHETIC: PATIENT PROCESS, POST ANAESTHETIC CARE AND DISCHARGE PRACTICE GUIDELINE[®]

DOCUMENT SUMMARY/KEY POINTS

- There are several aspects that need to be considered when caring for patients requiring a General Anaesthetic (GA) for an MRI Scan:
 - All patients booked for an MRI under GA must have consent and a pre-scan questionnaire complete prior to their arrival in Radiology
 - Is the patient for an MRI under GA allocated to the scheduled or non-scheduled/ emergency list
 - Standard fasting times
 - Who to contact if case is delayed or cancelled
 - Who to contact regarding allocation to all GA lists
- Regardless of whether your patient is a scheduled or an unscheduled case, all patients booked for an MRI under GA **must** have consent and a pre-scan questionnaire complete prior to their arrival in Radiology
- If there are concerns about a patient's wellbeing or if the patient has been fasting for greater than 6 hours for clear fluids, contact the Medical Imaging Team Leader on ext 83221.
- Cancellation of MRI: Patients should remain fasted until direct confirmation from the Medical Imaging Team Leader or the Anaesthetist is received.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure & Guideline Committee	Original endorsed by CHW HCQC 2008
Date Effective:	1 st January 2020	Review Period: 3 years
Team Leader:	NUM	Area/Dept: Radiology

<h2>CHANGE SUMMARY</h2>
<ul style="list-style-type: none"> • Due for mandatory review – changes to fasting guidelines, addition of Imaging Day Stay ward and updating phone numbers.

<h2>READ ACKNOWLEDGEMENT</h2>
<ul style="list-style-type: none"> • All nursing staff caring for patients having a MRI under a GA - main areas: Imaging Day stay ward/ CT Ward/ Oncology Treatment Unit/Middleton other areas should read and acknowledge this document.

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Background

This document is for all nursing staff responsible for patients having an MRI under a General Anaesthetic (GA). The main areas for this service include (but not limited to) Imaging Day Stay (IDS) Ward/ Commercial Travellers Ward/ Oncology Treatment Centre (OTC) and Middleton.

If the patient under your responsibility is booked for an MRI under GA, there are several aspects that need to be considered when preparing these patients for this procedure.

Time Scheduled for the MRI

The patient may be booked on either the Elective MRI List, in which case they will have an allocated scheduled starting time, or on the booked Emergency List, as an unscheduled case.

Scheduled Patients

- Many Elective/Scheduled patients come in as Outpatients through IDS or OTC, and are given specific fasting and arrival times.
- If the child is an in-patient and allocated on the scheduled list, their name will appear on the Operating Theatre Schedule.

Non-Scheduled Patients

Note: It is important to be aware if a patient is an 'unscheduled' case on the Emergency List, as this may impact on their fasting times and the time spent waiting for their MRI.

- Unscheduled cases are booked onto the Operating Suite Emergency List and are not given a specific starting time. They are allocated a time based on the Anaesthetic and Radiology availability.
- If a patient is unscheduled, the ward will be phoned by the Medical Imaging Team Leader to discuss an estimated time for the MRI and to confirm fasting times and consent.

Regardless of whether a patient is a scheduled or an unscheduled case, all patients booked for an MRI under GA must have a consent and a pre-scan questionnaire complete prior to their arrival in Radiology.

The pre-scan questionnaire is located at:

http://chw.schn.health.nsw.gov.au/ou/medical_imaging/resources/forms/MRI_pre-scan_questionnaire.pdf

Nursing staff are responsible for having the questionnaire and consent completed by the patient/parent/carer.

Fasting Times

- It is imperative that all patients having an MRI under GA are adequately fasted. Refer to practice guidelines 'Fasting guidelines for children having general anaesthesia- CHW'.
- Fasting times will be given for the patient on the day or evening before by the Medical Imaging Team Leader.
- The Medical Imaging Team Leader will document the fasting times in the patients electronic progress notes.
- If fasting times have not been provided or documented, the Medical imaging Team Leader should be contacted on ext 83221 between the hours of 0800-1630.
- Scheduled patients will be given specific fasting times based on their scheduled starting time.

Calling for the Patient

Scheduled Patients

- The *Medical Imaging Team Leader* allocated will call all scheduled patients.
- Prior to leaving the ward, ensure:
 - consent and pre-scan questionnaire is completed to prevent delays in radiology.
 - all notes accompany the patient and the electronic pre- op check list is completed.
 - confirmation with the patient and/or parent/carer, the patients fasting status. If the patient is identified as inadequately fasted, contact the Medical Imaging Team Leader on ext 83221.

Note:

If the forms are not completed, the patient may be sent back to the unit and the scan delayed until these forms are completed.

If major delays occur or the patient is not adequately fasted, the patient may be cancelled.

Non Scheduled

- The *Medical Imaging Team Leader* allocated will call all non scheduled patients.
- Prior to leaving the ward, ensure:
 - **consent and pre-scan questionnaire is completed** to prevent delays or cancellation of the case.
 - all notes accompany the patient and the electronic pre- op check list is completed.
 - confirmation with the patient and/or parent/carer, the patients fasting status. If the patient is identified as inadequately fasted, contact the Medical imaging Team Leader on ext 83221 or page the Anaesthetist co-ordinating the emergency list on pager 6777.

- If there are delays or problems with preparing the patient for transfer, contact the Medical Imaging Team Leader as soon as possible on either ext 83221 or page the Anaesthetist co-ordinating the emergency list on pager 6777.

Note:

If the forms are not completed **or** there are delays with the patient arriving to the radiology department, the patient may be cancelled and sent back to the ward/unit. Negotiation with the Anaesthetist allocated to the list must occur and the scan rebooked.

Medical Imaging Department Delays

Delays may occur in the Medical Imaging Department. This may often result in patients being fasted for longer periods of time.

The Medical Imaging Team Leader may contact the ward if alterations to fasting times are required to avoid excessive fasting.

If there are concerns about a patient's wellbeing or if the patient has been fasting for greater than 6 hours for clear fluids, contact the Medical Imaging Team Leader on ext 83221.

Cancellations

- If the MRI under GA is cancelled (both scheduled and unscheduled cases), the Medical Imaging Team Leader allocated will notify the Team Leader on the ward. If unsure, contact the Medical Imaging Team Leader or the Anaesthetist co-ordinating the emergency list on pager 6777 or the Operational Nurse Manager pager 6182. The Operational Nurse Manager must be notified of all cancellations.

Patients should remain fasted until direct confirmation from the Medical Imaging Team Leader or the Anaesthetist.

- Following this, it is the responsibility of the ward to notify the patient's medical/surgical team and the patient/family.
- All *elective cases* will be rescheduled by the Radiology Department.
- *Unscheduled cases* will either be re-allocated or re-booked by the patient's team.

Patients awaiting an MRI under GA: Who to contact

If you have any questions regarding patients awaiting an MRI under GA, all calls should be directed to:

For patient allocated to the Scheduled List

- Staff to contact the Medical Imaging Team Leader on ext 83221

For all patients allocated on the Non Scheduled/ Emergency List

- All other times during the week
- Staff to contact the Team Leader in Medical Imaging on ext 83221 or the anaesthetist co-ordinating the emergency list – page 6777

For patients expecting to have an MRI on a Weekend, Public Holiday or After Hours

- After Hours 1730 - 2330
- Staff to contact the In-Charge Nurse of Operating Theatres – pager 6182 or ext 52333

Post Anaesthetic Care

Immediate post anaesthetic care

- Patients are transferred from the MRI scanner to the Imaging Day Stay recovery bay by an anaesthetist. The anaesthetist hands over relevant patient information to the recovery nursing staff.
- All children are given oxygen at 6 litres per minute via an appropriate face mask and T-piece circuit.
- All children are routinely placed in the lateral position to facilitate drainage of secretions and/or vomitus.
- Children are monitored for signs of airway obstruction and may need airway support.
- An unconscious child is never to be left unattended
- If a child has a guedel airway in situ, this should be removed when the child is awakening.

Observations

- A full set of observations should be electronically documented in the PACU band on powerchart when the child is admitted to recovery. Observations should then be documented 10 minutely until the child meets discharge criteria by scoring 10 on the Aldrete score. Patients are then able to be discharge to the 2nd stage recovery area if an IDS patient, or transferred to the ward if they are an inpatient.
- More frequent observations are attended if the patient's condition dictates this.
- If patient deterioration occurs this must be escalated to the appropriate person/s as per Emergency Response System (CERS) escalation flowchart.

Parental presence

- Parents may attend recovery once the child is conscious.
- A maximum of 2 adults are permitted in the recovery area.

Nurse Initiated Discharge from Imaging Day Stay

- All children are required to stay 2 hours post anaesthetic and meet discharge criteria. A discharge time of 90mins may be suitable for some children, however this must be at the discretion of the Anaesthetist and documented in the clinical notes.
- A clinical handover is to occur from the recovery registered nurse to the 2nd stage recovery nurse.
- A full set of observations should be electronically documented in the appropriate Standard Paediatric Observation Chart (SPOC) every 30 mins until discharge. More frequent observations are attended if required due to the patient's condition or clinical deterioration.
- Discharge criteria must be met prior to a patient being discharged, these include:
 - Standard observations must be recorded and be Between The Flags (BTF) on discharge. Patients must not be discharged when their observations indicate the need for a clinical review. A medical officer is required to review the patient and document a plan should this occur.
 - The patient is conscious and responding appropriately
 - Adequate oral intake has been tolerated. A minimum volume of half a normal feed for infants and a minimum of 100mls for older children.
 - The patient should have minimal nausea and no vomiting for at least an hour. If antiemetics are administered the patient must be observed for a further minimum of 1 hour to ensure effectiveness of drug and to ensure oral intake is tolerated. If sedating antiemetics are administered the patient must be observed for a further minimum of 2 hours to ensure the patient is no longer sedated and able to tolerate oral intake.
 - The patient should be able to mobilise in an age appropriate manner.
 - The mode of transport home should be identified and appropriate.
 - Parents have received discharge instructions and are understood by the child's parents/guardians
 - The intravenous cannula has been removed

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