Other Considerations

Pregnancy: Patients

FDA -
The safety of MR imaging during pregnancy has not been proved.

Pregnancy: Patients

ISMRM -
"MR Imaging may be used in pregnant women if other nonionizing forms of diagnostic imaging are inadequate or if the examination provides important information that would otherwise require exposure to ionizing radiation."

Pregnancy: Patients

ACR

- Can be accepted at any stage of pregnancy
- Level 2-designated attending radiologist to confer with ordering physician and determine that the risk-vs-benefit ratio to the patient warrants the study
Document in the report or patient’s medical record:

1. The information requested from the MR study cannot be acquired by means of nonionizing means (e.g., ultrasonography).
2. The data is needed to potentially affect the care of the patient or fetus during the pregnancy.
3. The referring physician believes that it is not prudent to wait until the patient is no longer pregnant to obtain this data.

Guidelines no longer specify informed consent

Should not be routinely used in pregnant patients

Case-by-case decision made by level 2 MR personnel-designated attending radiologist who will assess the risk-benefit ratio for the particular patient

Decision to administer a GBCA should be accompanied by a well-documented and thoughtful risk-benefit analysis

Risk to the fetus of a GBCA remains unknown and may be harmful

Permitted to work in and around the MR environment throughout all stages of their pregnancy

May perform all job-related duties

Requested not to remain with the scanner bore or Zone IV during active scanning
Except for emergent coverage, there will be a minimum of 2 MR technologists or one MR technologist and one other individual with the designation of MR personnel in the immediate Zone II through Zone IV MR environment. For emergent coverage, the MR technologist can scan with no other individuals in their Zone II through Zone IV environment as long as there is in-house, ready emergent coverage by designated department of radiology MR personnel (e.g., radiology house staff or radiology attending).

In case of cardiac or respiratory arrest or other medical emergency within Zone IV for which emergent medical intervention or resuscitation is required, appropriately trained and certified MR personnel should immediately initiate basic life support or CPR as required by the situation while the patient is being emergently removed from Zone IV to a predetermined, magnetically safe location. All priorities should be focused on stabilizing (e.g., basic life support with cardiac compressions and manual ventilation) and then evacuating the patient as rapidly and safely as possible from the magnetic environment that might restrict safe resuscitative efforts. Furthermore, for logistical reasons, the patient should always be moved from Zone IV to the prospectively identified location where full resuscitative efforts are to continue (see Appendix 3).

Table Undock?

- Can an emergent patient removal be safely accomplished in all staffing scenarios?
- Practice mock code and emergent patient removal at least twice each year
- Required of all level 2 personnel
Medical Emergencies

Cause of Death:
"Patient laid down the boogie and played that funky music til he died."

Questions?