

Inpatient Checklist

MRI CARDIAC IMPLANTABLE ELECTRONIC DEVICE (CIED)

MRN: _____ NAME: _____ DOB: ___ / ___ / _____

1. MRI Scan Requested/Referring Doctor/Referral Date

Region: _____ Doctor: _____ Referral Date: ___ / ___ / _____

2. Completed double sided MRI Safety Questionnaire attached. Referring team to provide.

3. A copy of patient's CIED card received and attached. Referring team to provide.

4. Operation report and Implant record received and attached. Referring team to provide.

5. CIED Information (Manufacturer/Model Number/Serial number). Radiographer to fill out.

Device: _____ Model Number: _____ Implant date: _____

6. Lead/s information (Manufacturer/Model number/Serial number) Radiographer to fill out.

Lead 1: _____ Model Number: _____ Implant date: _____

Lead 2: _____ Model Number: _____ Implant date: _____

Lead 3: _____ Model Number: _____ Implant date: _____

7. Recent PA and lateral CXR to be reviewed by Radiologist/Registrar (within the last 3 months). Referring team to organise CXR referral if patient has not had a CXR in the last 3 months.

Radiologist/Registrar: _____ Date of Review: _____

8. A copy of patient's Cardiologist Review Letter (within the last 12 months). Referring team to provide.

Cardiologist: _____ Date of Review: _____

9. A Cardiologist Review on the ward is required, referring team to organise this review. A copy of the review entered into the patient's notes must be provided by the referring team.

10. MRI Conditional Implant Assessment Form completed and attached. Radiographer to complete.

11. MRI Technical Manual Attached . Radiographer to complete.

12. Cardiac Scientist contacted on pager 50110 to arrange booking time once paperwork approved and signed off by Cardiology and Radiology.

13. Radiographer to schedule appointment on IDIS.

Author Name	Modality / Department	Page
Sam Wilson	MRI Department	1
Endorsement	Date Endorsed	Review Date
Sam Wilson	January 2021	January 2022