



Harmonized

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## **Authorizing Prescriber(s)**

Radiologists working at Lakeridge Health (LH)

## **Authorized to Whom**

Medical Radiation Technologists-Magnetic Resonance (MRT(MR)) working at any of the LH sites who have the knowledge, skill and judgement to order a relevant x-ray prior to a patient's Magnetic Resonance Imaging (MRI) Scan. As the initiator of the MRI scan request, the referring physician will be indicated as the ordering provider.

## **Patient Description/Population**

Any patient scheduled for an MRI Scan

## **Order and/or Procedure**

X-ray of the orbit to exclude the possibility of a metallic foreign body in the eye

X-ray of any other body part to exclude the possibility of a known or suspected electronic or metallic foreign body

## **Indications to the Implementation of the Directive**

- A request for an MRI scan has been received  
AND the patient has one or more of the following:
- A known injury to the eye with metal
- Previous eye surgery e.g. retinal repair, where there is a question of foreign body
- Has a known or suspected metallic or electronic foreign body that requires confirmation prior to MRI to ensure patient safety

## **Contraindications to the Implementation of the Directive**

The directive must not be implemented in any of the following circumstances:

- Patient does not consent to the x-ray or MRI Scan
- Prior imaging of the required body part has already been obtained
- Patient or Substitute Decision Maker (SDM) withdraws or refuses diagnostic investigation

## **Consent**

Verbal consent will be obtained by the MRT(MR)



## **Documentation Requirements**

In addition to standard documentation practices, the MRT(MR) implementing this medical directive must ensure the following is included in the electronic health record:

- The name of this medical directive
- The procedure implemented
- The name of the implementer
- The date and time
- Signature of implementer including credentials/electronic signature

## **Review/Evaluation Process**

The medical directive will be reviewed every two years as directed by the Diagnostic Imaging Program

\*\*\*This table must **not** be used independently apart from the Medical Directive\*\*\*

**Order Table Form**

Order	Indication	Contraindication	Notes (Optional)
X-ray for foreign body	<p>A request for an MRI scan has been received</p> <p>AND the patient has one or more of the following:</p> <p>A known injury to the eye with metal previous eye surgery e.g. retinal repair, where there is a question of foreign body</p> <p>Has a known or suspected metallic or electronic foreign body that requires confirmation prior to MRI to ensure patient safety</p>	<p>Patient does not consent to the X-ray or MRI Scan</p> <p>Prior imaging of the required body part has already been obtained</p> <p>Patient or Substitute Decision Maker (SDM) withdraws or refuses diagnostic investigation</p> <p>Any additional, unrelated contraindication to the MRI procedure</p>	<p>Special consideration-pregnancy</p> <p>For additional information, refer to MRI Safety - Implants and Foreign Bodies Policy and Procedures</p>