

**MRI Time-Out Safety Checklist**

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_  
 DOB: \_\_\_/\_\_\_/\_\_\_ Any Allergies: \_\_\_\_\_ Weight: \_\_\_ lb./kg.  
 Kidney Problems \_\_\_ Dialysis \_\_\_ Liver Transplant \_\_\_ Liver Disease \_\_\_  
 High Blood Pressure \_\_\_ Diabetes \_\_\_ Over 60yrs old \_\_\_  
 Aneurysm Clips: \_\_\_\_\_ Any type of Prosthesis (eye, limb): \_\_\_\_\_  
 Neuro/Bone stimulator: \_\_\_\_\_ Stents, Filters or Coils: \_\_\_\_\_  
 Shunt: \_\_\_\_\_ Intra Uterine Device/Diaphragm: \_\_\_\_\_  
 Eye/Ear Implant: \_\_\_\_\_ Tissue Expanders (e.g. breast): \_\_\_\_\_  
 Hearing Aids: \_\_\_\_\_ Body Piercing Jewelry: \_\_\_\_\_  
 Welding/Grinding Metal: \_\_\_\_\_ Bullets/BB's/Pellets/Shrapnel: \_\_\_\_\_  
 Cardiac Pacemaker: \_\_\_\_\_ Joint Replacement (hip, knee, etc): \_\_\_\_\_  
 Defibrillator (ICD): \_\_\_\_\_ Bone/Joint pin, screw, nail, plate, etc: \_\_\_\_\_  
 Internal electrodes/wires: \_\_\_\_\_ Dentures/Retainers/Braces: \_\_\_\_\_  
 Heart Valve Prosthesis: \_\_\_\_\_ Permanent Tattoo Eye Make-up: \_\_\_\_\_  
 Drug Infusion Pump: \_\_\_\_\_ Medication Patches: \_\_\_\_\_  
 Penile Implant: \_\_\_\_\_ Endo/Colonoscopy (Camera or Clips placed): \_\_\_\_\_  
 Pregnant: Yes/No: \_\_\_\_\_ Last LMP: \_\_\_\_\_ (For breast imaging only)  
 If Yes, Complete Pregnancy Consent: \_\_\_\_\_

Received IV IRON infusions in the past 3 months \_\_\_\_\_ (Feraheme)  
 As part of your examination, the radiologist may deem it advisable to give you an I.V. injection of a contrast agent containing GADOLINIUM. This injection may help the physician more accurately diagnose your condition. Although gadolinium contrast agents have been used safely in millions of cases, minor reactions (principally headache or nausea) occur in about 2% of patients, whereas serious or life-threatening reactions have been reported in about 1 in 400,000 patients. If you have any kidney problems Gadolinium may cause NSF (Nephrogenic Systemic Fibrosis).

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MRI procedure that I am about to undergo.

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature of Patient, Parent/Guardian Signature & Position of Reviewing Professional

**MRI Department TIME OUT:**

**MRI DEPARTMENT TO COMPLETE**

MRI Stretcher <input type="checkbox"/> IV Pumps <input type="checkbox"/> O2 Tanks <input type="checkbox"/> ECG Leads <input type="checkbox"/> MRI Safe Sandbag <input type="checkbox"/> Patient's Clothing & Belongings Secured <input type="checkbox"/> Patient Identified: <input type="checkbox"/> Safety Clearance Review <input type="checkbox"/> Order Reviewed <input type="checkbox"/> Patient Medication List Attached <input type="checkbox"/>
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Technologist's Signature: \_\_\_\_\_

GFR Date _____ Time _____ Strip Lot # _____ Result _____ ml/Min 1.73sq.m Clinical decision point <40 ml/1.73sq.m Tested by _____
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