

# Physician MEMO

To | All Physicians

From | Teresa Carter, RN MSN Nursing Project Manager

Date | 02/25/2001

Re | TR Magnetic Resonance Imaging (MRI) Order Set

Effective **March 23, 2011**, a new TR Magnetic Resonance Imaging (MRI) order set will be utilized to protect ED patients and inpatients from potential burns related to medication patches and MRI procedures. When a MRI is ordered, staff will have a link to print the MRI Order Set for the provider. It will be required for this order set to be completed and faxed to MRI before the procedure. Nursing can take a verbal order when needed and will fax the form to MRI. If you have any questions, please contact Teresa Carter, RN MSN, Nursing Project Manager at 336-718-5541.

TR Magnetic Resonance Imaging (MRI) Orders	
<small>Generic substitution and therapeutic interchange are authorized unless prohibited by the prescriber according to hospital policy Please FAX completed form to MRI prior to procedure: FMC 3-5762</small>	
<b>RADIOLOGY SERVICES:</b>	
<input checked="" type="checkbox"/> MRI _____	SYMPTOM: _____
<input type="checkbox"/> MRI _____	SYMPTOM: _____
<input type="checkbox"/> MRI _____	
<input type="checkbox"/> MRI _____	
<input type="checkbox"/> MRI _____	
<b>NURSING CARE ASSESSED:</b>	
<input type="checkbox"/> Cardiac Monitor	
<input type="checkbox"/> Patient may go	
<b>MEDICATIONS:</b>	
<b>Anxiolytic:</b>	
Consider if patient is _____	
<input type="checkbox"/> Lorazepam (Ativan)	
<input type="checkbox"/> Lorazepam (Ativan)	
<input type="checkbox"/> Lorazepam (Ativan)	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	
<b>Analgesic:</b>	
Consider if patient is _____	
<input type="checkbox"/> Morphine 2 mg/h	
<input type="checkbox"/> Hydromorphone	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	
<b>ALL TRANSDERMAL PATCHES MUST BE REMOVED PRIOR TO MRI PROCEDURE</b> Is Patient wearing a transdermal medication patch(s) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please complete the following section	
<b>Transdermal Patch(s):</b>	
<input checked="" type="checkbox"/> Remove _____	transdermal medication patch(s) prior to MR procedure
<input type="checkbox"/> Replace _____	transdermal medication patch(s) after MR procedure
If alternative replacement medication is needed during MR procedure while medication patch is removed please write order here: <input type="checkbox"/> _____ <input type="checkbox"/> _____	
<b>ALL TRANSDERMAL PATCHES MUST BE REMOVED PRIOR TO MRI PROCEDURE</b> Is Patient wearing a transdermal medication patch(s) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please complete the following section	
<b>Transdermal Patch(s):</b>	
<input checked="" type="checkbox"/> Remove _____	transdermal medication patch(s) prior to MR procedure
<input type="checkbox"/> Replace _____	transdermal medication patch(s) after MR procedure
If alternative replacement medication is needed during MR procedure while medication patch is removed please write order here: <input type="checkbox"/> _____ <input type="checkbox"/> _____	
<b>Additional Medication Orders:</b>	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	
<b>DATE:</b> _____	<b>TIME:</b> _____ <b>Signature:</b> _____ <b>M.D.</b> _____
<small>If limited English proficient or hearing impaired, offer interpreter at no additional cost:</small>	
<input type="checkbox"/> Interpreter Accepted	<input type="checkbox"/> Interpreter Refused
<small>(Name/Number of Person/Service Chosen/Used)</small>	
<b>NOVARE HEALTH</b> <small>TRADITIONAL DOCUMENTS</small>	
TRRAD0027A	
<b>TR Magnetic Resonance Imaging (MRI) Orders</b>	
600126 2-18-2011	Page 1 of 1
Name / MR # / Label	
	