## MRI Elevated BMI Patient Transport Checklist

|               |      |    | Patient Name Label here |  |  |
|---------------|------|----|-------------------------|--|--|
|               |      |    |                         |  |  |
| Patient Name: | DOB: | Un | it: Date:               |  |  |

This checklist is to be completed by the Level II MRI personnel in consultation with the patient's medical team. It will be used to identify patient care challenges that might preclude safe patient transport to Mission Bay for an MRI procedure.

Elevated BMI cases shall be scheduled with the expectation that anesthesia will be needed and required.

The "Adult Acute and Transitional Care Patient Transports" or the "Non-Emergent Parnassus to Mission Bay transfer" flow charts can be referenced for detailed roles/responsibilities of all units.

| If necessary, can patient tolerate length of MRI procedure with arms above their head?  | Yes | No |
|---|-----|----|
| Is this patient considered a Level 3 or ICU medical transport?  | Yes | No |
| Is the patient medically unstable?  | Yes | No |
| Was the patient successfully imaged at Parnassus in the past?<br>If yes, comment on why patient is currently being sent to Mission Bay: | Yes | No |

Please refer to the Elevated BMI MRI Safety policy. Patients will be transported to Mission Bay for MRI procedures in accordance with the guidelines outlined in the "Transport and Care of Adult Patients for Off Unit Procedures". The patient must be accompanied during transport by appropriate medical personnel including physicians, nurses and transport nurses. If patient is not ambulatory, the patient is transported by gurney, with a HoverMatt air mattress placed under the patient prior to transport.

## Patient must be 8 hours NPO prior to transport.

Measure the patient with their body in the position that they will be scanned in. Using a measuring tape, measure the widest part of the body that will enter the magnet bore from left to right. Patient may have their arms above their head or have their arms down, close to the sides of their body without air gaps. Most often will be from left elbow to right elbow.

| Patient measured by:  |      |         |    | ·       |                                  |    |    |  |
|---|------|---------|----|---------|----------------------------------|----|----|--|
| Weight:   | lbs. | Height: | ft | _inches | Measurement at the widest point: |    | cm |  |
| Has the Parnassus MRI site supervisor on duty performed an assessment of this patient scenario? Yes |      |         |    |         |                                  | No |    |  |
| MRI Site Supervisor signature/date/time:  |      |         |    |         |                                  |    |    |  |
| Radiologist approving transfer to Mission Bay:MRI Level II personnel completing this form:          |      |         |    |         |                                  |    |    |  |