

### **Supervision of Students in Magnetic Resonance Imaging**

Students who choose to rotate through Magnetic Resonance (MRI) during their advanced modalities will be under the responsibility of the clinical instructor. The clinical instructor will provide appropriate occupational and patient safety training for any student who may enter Zone II of an MRI department.

Because of the possibilities for any student to render aid in and around an MRI department, all students will be required to complete the MRI Screening Protocol Checklist prior to entering the clinical phase of the program. Completion of checklist will ensure that no contradiction exist which would put the student at risk while in the magnetic environment.

ICTC Radiologic Technology Program

MRI Screening Checklist for Students

**Please check any that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Aneurysm clip(s)                                 | <input type="checkbox"/> Radiation seeds or implants   |
| <input type="checkbox"/> Cardiac pacemaker                                | <input type="checkbox"/> Swan-Ganz or thermodilution catheter  |
| <input type="checkbox"/> Implanted cardioverter defibrillator (ICD)       | <input type="checkbox"/> Medication patch (Nicotine, Nitroglycerine)                                       |
| <input type="checkbox"/> Electronic implant or device                     | <input type="checkbox"/> Any metal fragment or foreign body  |
| <input type="checkbox"/> Magnetically-activated implant or device         | <input type="checkbox"/> Wire mesh implant   |
| <input type="checkbox"/> Bone growth/bone infusion stimulator             | <input type="checkbox"/> Tissue expander (e.g., breast)  |
| <input type="checkbox"/> Neurostimulation system                          | <input type="checkbox"/> Surgical staples, clips, or metallic sutures                                      |
| <input type="checkbox"/> Spinal Cord stimulator                           | <input type="checkbox"/> Joint replacement   |
| <input type="checkbox"/> Internal electrodes or wires                     | <input type="checkbox"/> Bone/joint pin, screw, nail, wire, plate, etc.                                    |
| <input type="checkbox"/> Cochlear, otologic, or other ear implant         | <input type="checkbox"/> IUD, diaphragm, or pessary  |
| <input type="checkbox"/> Insulin or infusion pump                         | <input type="checkbox"/> Partial plates or dentures  |
| <input type="checkbox"/> Implanted drug infusion device                   | <input type="checkbox"/> Body piercing jewelry   |
| <input type="checkbox"/> Any type of prosthesis (eye, penile, etc.)       | <input type="checkbox"/> Hearing aid (remove before MRI)   |
| <input type="checkbox"/> Heart valve prosthesis                           | <input type="checkbox"/> Feraheme iron injection in last 3 months  |
| <input type="checkbox"/> Eyelid spring or wire                            | <input type="checkbox"/> Temperature catheter  |
| <input type="checkbox"/> Artificial or prosthetic limb                    | <input type="checkbox"/> Tattoos, permanent liner  |
| <input type="checkbox"/> Metallic stent, filter, or coil                  | <input type="checkbox"/> Foreign body injury (e.g. metallic slivers, BB, bullet, shrapnel, shavings, etc.) |
| <input type="checkbox"/> Shunt (spinal, intraventricular or programmable) |  |
| <input type="checkbox"/> Vascular access port and/or catheter             |  |

Student signature\_\_\_\_\_

Date\_\_\_\_\_

Clinical Coordinator signature \_\_\_\_\_

Date\_\_\_\_\_

Student approved\_\_\_\_\_