MRI Transfer Checklist: ICU and Inpatient

For the escorting & MRI nurse. Complete before the patient leaves the ward. Not a substitute for local policy.

Patient screening

- [ ] Implant/device screening completed & documented (pacemaker, ICD, neurostim, pumps, clips, shrapnel, orbital metal)
- [ ] Exact make/model of any implant verified against current MR labelling
- [ ] Renal function checked if contrast is planned, as your policy requires (inpatients: eGFR within 2 days before a Group I or III agent; note dialysis or AKI; ACR: optional before a Group II agent at standard or lower dose); pregnancy status documented
- [ ] Weight recorded for contrast/drug dosing

Equipment: nothing MR Unsafe enters Zone IV

- [ ] MR Conditional trolley ready. Standard bed and other MR Unsafe items kept out of Zone III if at all possible; an essential ferromagnetic item only as an approved exception, restrained and directly supervised (RANZCR s. 8.3). MR Unsafe transport equipment enters Zone III only if needed for patient care, secured and under direct supervision of designated MR Personnel (ACR ch. 11, p. 82)
- [ ] Intravenous anaesthetic infusions, one of three options (ASA 2015, p. 502): MR Conditional pumps in Zone IV; standard pumps in Zone III with the IV tubing passed through the waveguide (an approved exception as above); or periodic bolus injections in Zone III or IV. Other infusions: see Lines & drugs
- [ ] Ventilator / anaesthetic machine: MR Conditional, used within its conditions. Any other anaesthetic equipment entering the MR environment: MR Safe or MR Conditional (MHRA s. 5.6.2). Agreed with the anaesthetist or intensivist
- [ ] Monitoring swapped to MR Conditional equipment, used within its conditions (wireless ECG, fibre-optic SpO_2, NIBP)
- [ ] Ward ECG electrodes replaced with MR Conditional electrodes/leads (ACR ch. 13, p. 101)
- [ ] O_2 by pipeline, or a cylinder labelled MR Conditional and used within its conditions, including valve, regulator and key; test any doubtful one with a handheld magnet before Zone III (MHRA s. 5.6.3)
- [ ] Indwelling temperature probes and similar monitors: follow their own MR labelling (ACR ch. 13, p. 101); decide before transfer
- [ ] Every medication patch identified and reported to MR staff; removal of a metal-backed patch reviewed by a Level 2 MR Physician (usually the supervising MR radiologist), with the prescriber for an important drug, and a plan made to replace the dose (ACR ch. 8, p. 68)
- [ ] Hearing protection fitted and fit checked; anyone staying in the room during scanning wears it too (MHRA s. 5.3.9)

Lines & drugs

- [ ] PICC/CVC/port: MR status (MR Safe, MR Conditional or MR Unsafe) and any conditions checked; power-injectable status known
- [ ] Other life-sustaining infusions (for example vasopressors, insulin): plan confirmed by the treating team; MR Conditional pumps, or standard pumps in Zone III only as an approved exception (RANZCR s. 8.3)
- [ ] Emergency drugs & airway plan located for Zone III (not Zone IV)

People

- [ ] Transfer team: a doctor with the right skills, a registered nurse and an orderly, free from other duties (ANZCA PG52 s. 8.3)
- [ ] Escorting staff screened for implants/loose metal
- [ ] Anaesthetist/intensivist briefed on Zone IV constraints & layout
- [ ] Roles assigned: who monitors, who guards the Zone IV door, who meets, screens and escorts the code team in an emergency
- [ ] Formal handover at each change of team (ANZCA PG52 s. 5.3). Agreed who stays with the patient in MRI

Emergency readiness

- [ ] Team knows: arrest = remove the patient from Zone IV at once to the resuscitation area; no MR Unsafe equipment, including the defibrillator, enters Zone IV; close and secure the Zone IV door (ACR ch. 14, pp. 105-106; MHRA s. 4.4.2)
- [ ] Responders and their equipment wait in the resuscitation area outside Zone IV (RANZCR prefers outside Zone III); MRI staff bring the patient to them (ACR ch. 14, p. 102; RANZCR s. 5.1.2). No one enters Zone III or IV unscreened, however urgent; anyone who must enter goes with MRI staff (ACR ch. 3, p. 23; RANZCR s. 7.3; RCUK and BAMRR, p. 2).
- [ ] Resuscitation area and its equipment located, outside Zone IV (ACR App. 2, p. 130)

High Yield Imaging (highyieldimaging.com). MRI for Radiology Nurses. Educational aid; follow local policy and medical direction. Sources: ACR Manual on MR Safety (2026 edition); ACR Manual on Contrast Media (2026), pp. 80-84; RANZCR MRI Safety Guidelines v3.0 (2021); MHRA MRI Safety Guidelines, fifth edition (v5.0); ASA Practice Advisory on Anesthetic Care for MRI (2015); ANZCA PG52 (2025); Resuscitation Council UK (RCUK) and BAMRR Best Practice Statement (v1.0, July 2026). Corrected 2026-11-11 and 2026-11-22.