 University Health™	Policy #:4.26
SUBJECT: Obtaining an Open Air MR Exam	Written: 10/72 Reviewed:10/16
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Obtaining an Open Air MR Exam

Purpose:

University Health does not have an open air MR on site but maintains a contract with an outside vendor to provide this service when needed and appropriate. The policy describes the procedure for an ordering physician to obtain this service.

Policy:

The MR systems at UH are both traditional closed bore magnets. Situations exist that prevent scanning of some patients:

1. Body habitus – the patient may not be able to safely fit into the bore of the magnet.
2. Claustrophobia – a patient with claustrophobia who cannot be safely sedated will not tolerate being scanned.

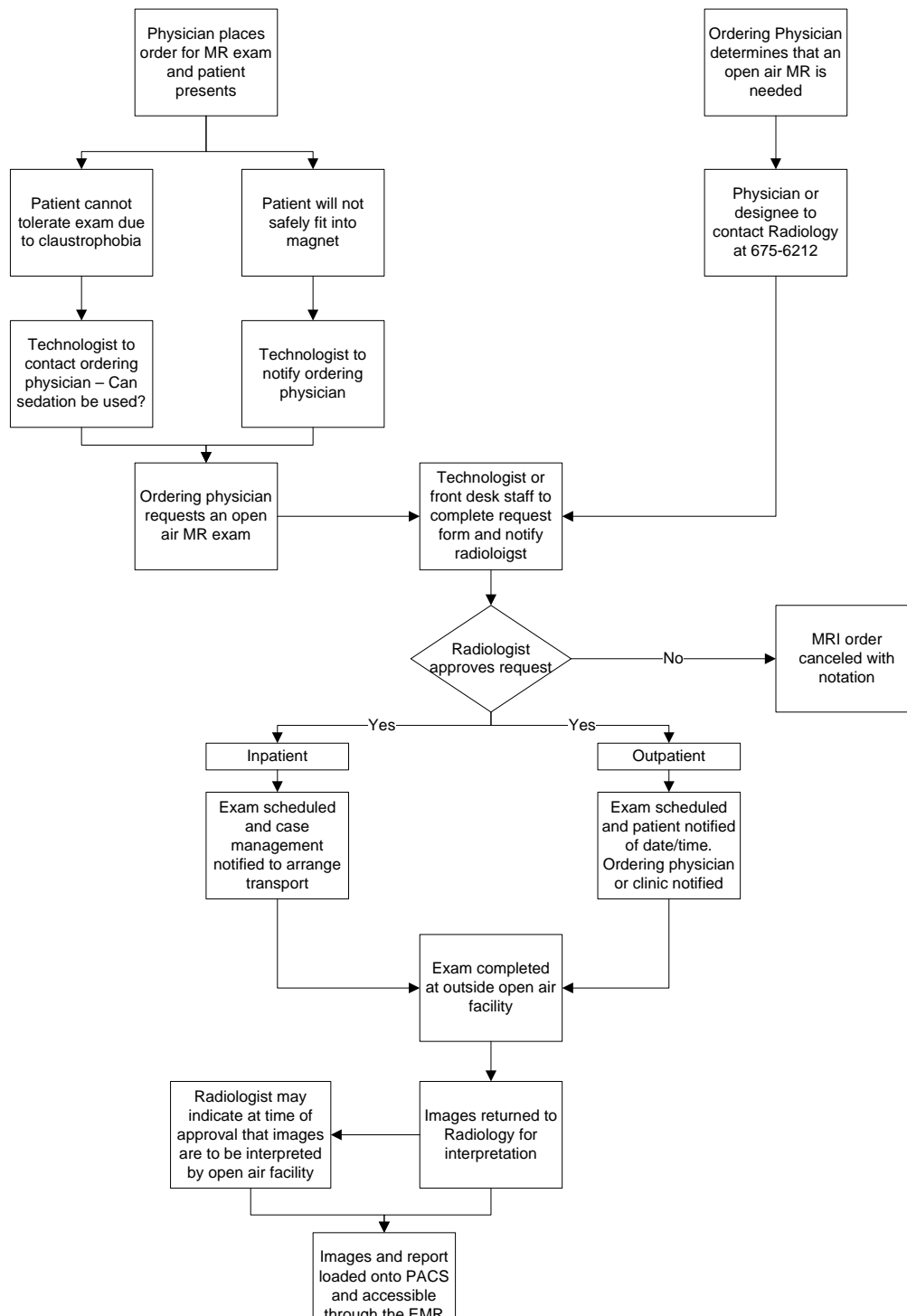
If a situation exists that prevents a patient from being scanned at University Health, a clinical decision must be made if an open air scan will provide imaging that is both adequate for interpretation and safe for the patient. At the time of this current revision both open air MR units in the community are low field strength magnets that may not provide interpretable images due to the body habitus of the patient and the area being scanned. Therefore, a faculty radiologist and the ordering physician must determine if an open air MR study is a feasible option or if other imaging methods provide a better option.


Procedure:

See page 2 for procedure diagram.



Open Air Services are only available
Monday through Friday 8am to 5pm



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Request Form – this form is to be used to initiate request process and document outcome of request. The technologist or front desk staff will collect the required information and provide it to the radiologist assigned to MR Neuro, MR Body or MR MSK accordingly.

Open Air MR Request	
Date/Time:	Person Taking Request:
Patient Name:	MRN:
Exam Requested:	
Ordering Physician:	
Ordering Physician Contact:	
Reason for Open Air:	
Order Entered into EMR: <input type="checkbox"/> Yes <input type="checkbox"/> No	MR previously attempted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Radiologist request provided to:	
Request Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason: _____ _____ _____ _____	
Exam to be interpreted by: <input type="checkbox"/> LSU RAD <input type="checkbox"/> Outside Facility	
Date/Time Exam Scheduled:	
Date/Time Images sent to PACS:	
Date/Time Request Form scanned into RIS:	Scanned By: