

RIH ELVO HYPERACUTE MRI WORKFLOW

I. Transfer ELVO Hyperacute MRI Workflow:

- Patient with ELVO will be identified at outside hospital, and the NIR attending will be notified
- The need for MRI will be communicated via the ELVO pager at the time of accepting the transfer by the NIR attending. This will inform the ED CC resource RN, as well as neurology resident. RI Express care will be notified the patient is going to RIH ED for MRI and should notify ED CC MD - 413-8169 (ED CC resource nurse should also notify ED CCMD to provide redundancy).
 - NIR MD or APP should call MRI Tech (4-8169) to triage the magnet, discuss the case, and provide patient's family contact information.
 - Similarly, once Creatinine is available, this will be communicated to the ED MRI technologist by the NIR MD/APP
 - The NIR MD/APP will order **"MRI Brain Hyperacute RAPID"** in LifeChart using the patient's account that ExpressCare has created.
 - ED CC Resource RN will obtain 4mg Midazolam to have for sedation for the patient
 - It should be assumed that the patient is coming to the ED and will be an ED CC patient
- Once the patient arrives from the outside hospital, Medcom will send an ELVO page indicating that "ELVO transfer from xxx has arrived, going to MRI"
- The patient will be assessed by the ED CC team, and once deemed stable for MRI, transported to MRI with the ED RN and NIR MD accompanying the patient.
 - Neurology resident shall arrive in MRI
 - Once in MRI, the patient will be transferred to the available detachable MRI table
 - Patient shall be placed on the appropriate monitoring (O2 sat, BP)
 - 2mg IV Midazolam shall be administered if the patient is not cooperative. The ED nurse may accept a verbal order from the NIR MD at their discretion.
 - Patient shall go into the MRI scanner, and imaging is begun. Goal is to obtain DWI first, and further imaging (PWI, FLAIR, GRE) shall be at discretion of NIR MD. Other imaging (i.e. MRA) also at discretion of NIR/Neurology MDs in the scanner.
 - If the decision is made to proceed to VIR, the ED CC RN shall be informed of this plan and the patient shall proceed to VIR with the patient. The NIR attending will notify the ED MD who will place the admission order.
 - If the decision is to not proceed to VIR, the ED CC RN shall be notified, and there will be a face-to-face handoff at the bedside between the ED attending, NIR attending and neurology resident.

II. RIH ELVO Hyperacute MRI Workflow:

- Patient with ELVO in RIH ED, and the NIR attending will be notified using 350-4NIR
- The need for MRI will be communicated by the NIR attending to the ED MD.
 - NIR MD/APP will order the **"MRI Brain Hyperacute RAPID"** (This will be added to the ED Code Stroke order set) (or ask ED CC MD to order in certain circumstances)

- NIR MD/APP will call MRI (4-8169) to triage the magnet and discuss the case
- ED CC Resource RN will obtain 4mg Midazolam to have for sedation for the patient
- POC testing for Cr will be done by the MRI technologist
- Once ED MRI is ready for the patient to be brought to the holding area, they shall inform ED CC RN to bring the patient. Then:
 - The patient will then be transported to MRI, with the RN, neurology resident and NIR MD accompanying the patient
 - Once in MRI, the patient will be transferred to the available detachable MRI table
 - Patient shall be placed on the appropriate monitoring (O2 sat, BP)
 - 2mg IV Midazolam shall be administered if the patient is not cooperative. This will be ordered verbally by, and at the discretion of the NIR MD and administered by the ED nurse
 - Patient shall go into the MRI scanner, and imaging is begun. Goal is to obtain DWI first, and further imaging (PWI, FLAIR, GRE) shall be at discretion of NIR MD.
 - If the decision is made to proceed to VIR, the ED CC RN shall be informed of this plan and shall transport the patient to VIR along with the NIR team. The NIR attending will notify the ED MD who will place the admission order.
 - If the decision is to not proceed to VIR, the ED CC RN shall be notified, and there will be a face-to-face handoff at the bedside between the ED MD, NIR attending and neurology resident.

MRI Triage and Prioritization:

- N.B. Bumping rules: These rules will typically only apply to RIH ELVO to MRI patients.
 - Must wait for post-gad imaging to be completed if a patient has been injected with contrast
 - Anesthesia or vented patients cannot be taken off table until their study has been completed
 - No pediatric sedation case can be interrupted