## **UMC Health System**

# PEDIATRIC MRI PLAN

### Patient Label Here

	PHYSICIAN ORDERS				
Diagnosis					
Weight	Allergies				
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	ORDER DETAILS				
	Patient Care				
	Recommended NPO Fasting Times  T;N, See attached policy				
	Communication				
	Notify Nurse (DO NOT USE FOR MEDS)  T;N, No food after midnight the day of procedure as per policy for pending exam (See Recommended NPO Fasting Times)				
	Notify Nurse (DO NOT USE FOR MEDS)  T;N, If procedure is delayed, call OR scheduling nurse at 775-8300 or 775-8340 to get updated time. Keep team notified of MRI time.				
	Notify Nurse (DO NOT USE FOR MEDS)  ☐ T;N, Call PICU sedation nurse at 775-8828 to update regarding procedure time.				
	Dietary				
	NPO Diet ☐ NPO After Midnight, as per policy for pending exam (See Nurse Communication)				
	Diagnostic Tests				
	MRI Abdomen w/				
	MRI Abdomen w/o				
	MRI Abdomen w/wo				
	MRI C-Spine w/				
	MRI C-Spine w/o				
	MRI C-Spine w/wo				
	MRI C-spine w/o + MRI L-spine w/o				
	MRI C-spine w/o + MRI T-spine w/o				
	MRI C-spine w/wo + MRI L-spine w/wo				
	MRI C-spine w/wo + MRI T-spine w/wo				
	MRI C, T, & L-spine w/o				
	MRI C, T, & L-spine w/wo				
	MRI Brain w/				
	MRI Brain w/o				
	MRI Brain w/wo				
	MRI T-Spine w/wo				
	MRI L-Spine w/				
	MRI L-Spine w/o				
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan				
Order Take	by Signature: Date Time				
Physician S	ignature: Date Time				

## **UMC Health System**

# PEDIATRIC MRI PLAN

### Patient Label Here

	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	ORDER DETAILS				
	MRI L-Spine w/wo				
	MRI Lower Extremity Joint w/ (Left)				
	MRI Lower Extremity Joint w/ (Right)				
	MRI Lower Extremity Joint w/o (Left)				
	MRI Lower Extremity w/o (Right)				
	MRI Lower Extremity w/wo (Left)				
	MRI Lower Extremity w/wo (Right)				
	MRI Pelvis w/				
	MRI Pelvis w/o				
	MRI Pelvis w/wo				
	MRI T-Spine w/				
	MRI T-Spine w/o				
	MRI T-spine w/o + MRI L-spine w/o				
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan		
Order Taken by Signature:		Date	Time		
Physician Signature:		Date	Time		