



## SCIN NHS Scotland MRI digital referral form

This is a medical handover so please provide all information requested. Unless there is a justified reason not to, the patient should be asked these referral questions. Please note that any information that is incorrect or missing from this form could result in injury to the patient or a delay to their MRI scan.

If you are unsure of your responsibilities as an MRI referrer then please log into Turas and complete the e-learning module for [MRI Safety Training for MRI Referrers](#).

### Please note:

- The patient may require preparation prior to their MRI to remove all MR Unsafe equipment such as infusion pumps, syringe drivers or ECG electrodes.
- If the patient wears a medicine patch or monitor (e.g. glucose monitor, contraceptive patch or angina patch) then please warn them they will need to remove this for their MRI scan.
- If a patient is over 18 stone (114 kg) then please include the patient's weight in the referral as this will determine the most appropriate MRI scanner for the patient.
- MRI requires the patient to lie flat and still, please consider this when deciding if MRI is appropriate for your patient.

### *Proposed referral questions:*

1. Is the patient capable of accurately providing a full clinical history? **[MANDATORY/DYNAMIC]**  
Yes/No
  - **Note:** We intend to remove this question when referring for paediatric patients **[DYNAMIC]**
  - **Note:** If 'No' is selected, the form will redirect the referrer to the locally agreed process for these patients. This may be continuing with the same questions or completing a full screening checklist, as per local health board decision. Please liaise with MR Lead Radiographer to determine local process. **[DYNAMIC]**
2. Does the patient have any additional communication needs? (e.g. interpreter/signer, learning difficulty)? **[MANDATORY]** Yes/No
  - If 'Yes' selected, an additional pop up will state 'Please detail the patient's communication needs' **[DYNAMIC/OPTIONAL]** Free text
3. Can the patient get onto the scanning table unaided (e.g. can the patient take a few steps up unaided, or do they need a hoist, require a wheelchair, or have any additional mobility needs)? **[MANDATORY]** Yes/No
  - If 'No' selected, an additional pop up will state 'Please detail the patient's mobility needs' **[DYNAMIC/OPTIONAL]**

4. Does the patient have or has ever had a pacemaker, implantable defibrillator, or cardiac resynchronisation therapy device? [MANDATORY] Yes/No
- **If 'Yes':** 'Please provide the make and model of all pacemakers, implantable defibrillator or cardiac resynchronisation therapy devices currently in situ, including any abandoned wires'.

If, despite best efforts, this information cannot be obtained, please detail all attempts made to obtain this information and any known information such as the hospital and date that each device was implanted.' [DYNAMIC/OPTIONAL]

5. Does the patient have or has ever had any electronic or magnetic implants? [MANDATORY]
- Neurostimulator
  - Cochlear implant
  - Programmable shunt
  - Drug delivery pump
  - Breast/tissue expander
  - Expanding orthopaedic implant
  - Magnetic prosthetic attachment
  - Other
  - None

**Please note:**

If any other than 'None' selected, the following pops up:

'Please provide the make and model of the electronic or magnetic implants currently in situ, including any abandoned components'.

If, despite best efforts, this information cannot be obtained, please detail all attempts made to obtain this information and any known information such as the hospital and date that each device was implanted.' [DYNAMIC/OPTIONAL]

6. Has the patient ever had an intracranial aneurysm clipped or treated? [MANDATORY] Yes/No
- **If 'Yes':** 'Please provide the make and model of all aneurysm clips currently in situ and the date and location of implantation'.

**If, despite best efforts, this information cannot be obtained, please detail all attempts made to** obtain this information and any known information such as the hospital and date that each clip was implanted.

**Note:** the make and model of embolisation coils and WEB devices are not required.' [DYNAMIC/OPTIONAL]

7. Has the patient ever had metal enter the body, including the eyes, in a non-medical context (e.g. metal fragments, bullets or shrapnel injuries)? [MANDATORY] Yes/No
- **If Yes:** 'Please provide as much information on the metallic object(s) including: where in the body it is, how long it has been in situ and what the metallic object is - including the metal(s) it contains'.

If, despite best efforts, this information cannot be obtained, please detail all attempts made to obtain this information and any known information.' [DYNAMIC/OPTIONAL]

8. Does the patient have any other metallic implants in or on the body not mentioned above (e.g. stents, external fixation devices)? [MANDATORY] Yes/No
  - If 'Yes', 'Please detail what these implants are and where they are located in the body' [DYNAMIC/OPTIONAL]
9. Is the patient known to be pregnant? [DYNAMIC/MANDATORY] Yes/No
  - **Note:** If a patient is pregnant then the scan may still be able to proceed but it requires additional consideration over whether it is safe and reasonable to do so. Contrast-enhanced MRI is not recommended.
10. Does the patient have diabetes, kidney disease, kidney transplant or a previous reaction to contrast? [MANDATORY] (Select all that apply)
  - Diabetes
  - Kidney disease
  - Kidney transplant
  - Previous reaction to contrast
  - Other
  - None
  - If diabetes, kidney disease, transplant or other, 'What is the patient's most recent eGFR? Please also enter the month and year. If there is no value, please state 'None available' below' [DYNAMIC/OPTIONAL/AUTOPOPULATED]
  - **Note:** we are asking if eGFR value and date can be automatically retrieved from the patient's record
11. Any other pertinent information to MRI? This could include patient weight, body modifications or claustrophobia? [OPTIONAL] (Free text)
12. Please provide referrer contact name, grade, and speciality. [MANDATORY / AUTOPOPULATED]
13. Please provide referrer contact details (phone or email)? [MANDATORY / AUTOPOPULATED]
  - **Note:** we are asking if the last two questions can be auto populated based on login details and simply verified or edited by the referrer.

#### General notes:

- If possible, some of the notes could be included as information bubble pop ups to provide further information on certain questions.
- Assume patient details are covered elsewhere in the referral form.
- Want any implant details, paediatric patients, and other answers worth flagging to be automatically highlighted in bold text when it comes to Radiology/RIS systems.
- Cross health board referrals/ transfer referrals across health boards.

### Practical notes on implementation:

It is understood that some of the current referral systems are not capable of matching what we have outlined above as the ideal situation. The text below highlights acceptable alternatives if the referral software is not capable of delivering the proposed referral questions. Any attempts to improve and standardise our MRI referral questions would be appreciated and hopefully, in time, all our systems will be capable of producing the suggested questions and formatting outlined. Please bear these recommended safety questions and formatting in mind when procuring new Radiology referral systems. This document will be reviewed and updated routinely, please check for the latest version before implementing and check with your local MR Lead Radiographer or MRI Physicist if you have any questions.

**Please note** that there is a paper version of these questions which can be used as a bare minimum template if referral system is very limited in what it is capable of.

- If the referral system does not have the capability to support safety questions, then we recommend that this system is either not used or requires the referrer to supplement their referral by completing safety questions in parallel.
- If the questions are unable to be updated for whatever reason, we recommend sending the current set of questions used by this software for MRI referrals to be reviewed by your local MR Lead Radiographer and MRI Physicist. If they deem that there are gaps in the current safety questions, they may recommend that this system is either not used or requires the referrer to supplement their referral by completing safety questions in parallel. We recommend that the questions for this system are edited at the earliest opportunity.
- If the proposed questions are reaching a maximum character count, then we recommend that you contact your local MR Lead Radiographer and MRI Physicist to ask them to adjust accordingly. If some of the text (e.g. notes) can be contained in additional information pop-up boxes, then this may help with the maximum character count.
- We have outlined that certain questions can be omitted if they are paediatric patients however if the system is not capable of filtering questions based on age, then we recommend that all referrals are asked the full set of questions.
- Similarly, the pregnancy question must be asked of all patients that are capable of becoming pregnant, irrespective of their gender identity. If the system would not be able to ask all these patients, then all referrals should include this question.
- If the system is not capable of dynamic questions, then we recommend that they are all included as optional questions. If optional questions are not available, then they will need to be mandatory.
- We have highlighted that we would like to pull information from patient's clinical records automatically such as their most recent eGFR. If this is not possible then we recommend asking the referrer to find this information manually
- If we can auto populate some fields such as the referrer's name, then please do. However, for any fields that we cannot auto populate, please ask the referrer to enter the details manually. Please consider adding the functionality to save the requested details within the referral system in a future update to save the referrers time.