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CLINICAL PRACTICE GUIDELINE

Claustrophobia Anxiety Prophylaxis for MRI

KEYWORDS

MRI, anesthesia, sedation, claustrophobia, anxiolytics, adult

EXECUTIVE SUMMARY

- This guideline outlines a stepwise approach to managing claustrophobia using nonpharmacologic and oral anxiolytic strategies before escalating to monitored anesthesia. The recommendation for providers is the following:

  Monitored sedation requests for adults should be reserved for patients who have failed these measures. Clear documentation of prior intolerance and attempted oral anxiolysis will assist with appropriate triage.

GUIDELINE:

I. BACKGROUND AND AIM:

Monitored adult anesthesia resources are limited and must be prioritized appropriately. Increasing requests for monitored anesthesia in claustrophobic adult MRI patients is contributing to delays for pediatric patients who often require sedation. Given limited sedation resources, appropriate prioritization is essential. Collaboration on anxiolysis for adult patients will help preserve limited sedation capacity and minimize delays for pediatric patients who rely on these services.

II. SCOPE:

This guideline applies to all clinicians who order MRIs for patients. Providers who do not order MRIs are excluded.

III. DEFINITIONS:

a. **MRI (Magnetic Resonance Imaging):** A noninvasive imaging technique that uses strong magnetic fields and radiofrequency signals to generate detailed images of internal structures without ionizing radiation.
b. **Anesthesia:** A medically induced state of unconsciousness or deep sedation, often with loss of pain sensation and protective reflexes, administered and monitored by anesthesia professionals.
c. **Sedation:** A continuum of pharmacologically induced states ranging from minimal relaxation to moderate or deep sedation, where patients remain responsive to varying degrees but may have reduced awareness and anxiety.
d. **Claustrophobia:** An anxiety disorder characterized by an intense fear of enclosed or confined spaces, which can interfere with the ability to tolerate MRI examinations.
e. **Anxiolytics:** Medications used to reduce anxiety, commonly including benzodiazepines and other agents that promote relaxation without necessarily inducing full sedation.
f. **Adult:** A patient 18 years or older.

Clinical Practice Guidelines are not to be used as a substitute for clinical judgment or supersede clinical decision making.
The multidisciplinary team caring for the patient retains full responsibility for all clinical decisions.

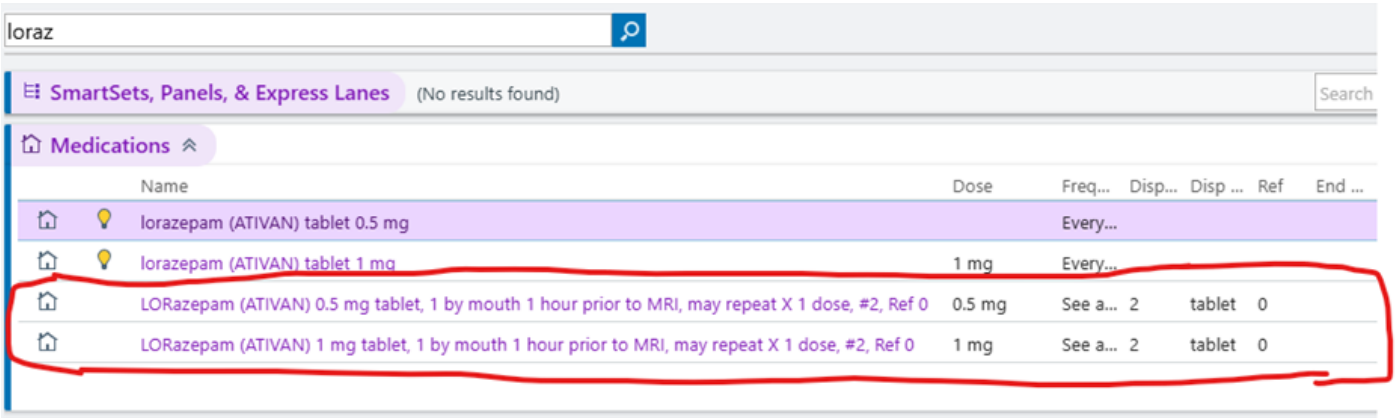
IV. CLINICAL PRACTICE GUIDELINE:

- For adult patients, non-pharmacologic strategies are frequently effective and should be first-line. These include setting expectations in advance about scan duration and noise, reassuring patients that they can communicate with the technologist at all times and employing relaxation or breathing techniques.
- When needed, oral anxiolysis may be prescribed. We recommend that the ordering provider prescribe two (2) Lorazepam 0.5 - 1 mg tablets (elderly or benzo naïve patients – consider the lower dose). Orders for this can be found in UMASS Memorial Health EPIC (see tools below).
  - The patient should fill the prescription prior to their MRI appointment.
  - Referring physicians should remind their patients that they should not drive after taking anxiolytics and

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    _____should arrange to have a driver take them home after their MRI scan.
  - The patient should take one (1) tablet 1-2 hours prior to their MRI appointment. The patient should bring the 2nd tablet with them to the MRI appointment. If the patient is still anxious immediately prior to going into the MRI scanner they should take the second tablet, with appropriate counseling regarding transportation and contraindications.
- Monitored anesthesia support for adult MRI examinations should be reserved for patients who are unable to successfully complete MRI despite appropriate non-pharmacologic interventions and a documented trial of oral anxiolysis, patients with a medical contraindication to oral anxiolytic medications, or those with other clinical circumstances that preclude safe or feasible MRI completion using these measures. Documentation supporting the need for anesthesia support, including prior MRI intolerance, unsuccessful anxiolysis attempt(s), contraindications, or other relevant clinical factors, should accompany the request to facilitate appropriate triage and scheduling.
- ~~Monitored sedation requests for adults should be reserved for patients who have failed these measures. Clear documentation of prior intolerance and attempted oral anxiolysis will assist with appropriate triage.~~

V. ASSOCIATED TOOLS:



VI. REFERENCES:

https://radiology.wisc.edu/documents/anxiolytics-claustrophobia-anxietyprophylaxis-for-mri/

VII. EVALUATION:

This guideline will be reviewed every 3 years or as needed.

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