Mass General Brigham

DEPARTMENT OF PEDIATRICS CLINICAL PRACTICE GUIDELINES

MRI Protocol

Implementation Date: July 1st, 2024

Clinical Guideline Name	MRI Protocol
Effective Date	7/1/2024
Contact Person	Mohamed El-Dib, Elizabeth Singh, Elizabeth Brennick
Approved By	Clinical Practice Council 6/27/24

I. Purpose

The Neonatal MRI Program at BWH aims to provide and optimize MRI services available to infants admitted to Brigham and Women's Hospital. This guideline outlines the process by which a neonatal MRI is scheduled and performed at BWH as well as the workflows for an infant requiring an MRI at Boston Children's Hospital.

II. All CPGs will rely on the NICU Nursing Standards of Care. All relevant nursing PPGs are listed below.

III. Scope

This clinical practice guideline is for all staff who provide care to inpatient newborns at Brigham and Women's Hospital.

IV. Guidelines

I. Contacts

- Aspect Embrace: 617-525-0402
- Lee Bell MRI: 617-525-8662
- Hale MRI: 857-307-5310
- L1 MRI: 617-732-5500 x33222
- Boston Children's MRI Scheduling (Radiology Contact info), 1-617-355-6300
- Overall Programmatic Questions: Mohamed El-Dib, mel-dib@bwh.harvard.edu

II. Who can have an MRI at BWH?

- Any infant who requires a brain MRI can have their MRI performed at BWH.
- Please see appendix V for workflow of newborns in the nursery who require an MRI.
- Infants who are ventilated and critically ill CAN undergo an MRI at BWH.
- Few exceptions where babies might require an MRI at BCH are:
    - MRI with contrast (extremely rare)
    - MRI on other body parts other than the brain
    - Urgent MRI in absence of availability at BWH
    - Special sequences or protocols e.g.:
        - SyMRI if requested by neurosurgery for infants with hydrocephalus

- Infants planned for procedures by BCH Intervention Radiology e.g. Vein of Gallen Malformation
- Case by case after attending discussed indications with the Director of Neurocritical Care Dr. El-Dib

III. Which scanner to use to have a brain MRI at BWH? (Appendix I)

- All brain MRI for newborns **(NICU and Nursery)** will be done in the NICU MRI (Aspect) scanner.
- Babies who might require MRI outside NICU (Lee Bell, L-1 or Hale)
  - Need for MRA or MRV for specific indication (e.g. concern about perinatal stroke not just following TH)
  - Need for MRS (e.g. concern about metabolic disorder not just following TH)
  - Need for special sequences (e.g. CISS sequence for neurosurgical cases)
  - Urgent need for an MRI at a time there is no tech available to run the Aspect scanner
  - Babies beyond FDA label (Weight must be < 4500 grams and Head Circumference < 38 cm)
  - Research studies that require 3T MRI which will be scheduled by the research team

III. How to schedule a brain MRI at BWH

- All infants require an order to be placed into EPIC prior to scheduling the scan. Please see section 2 on how to order an MRI for both BWH and BCH scans.
- If an infant has a prenatal finding indicative of needing an immediate post-partum brain MRI, the triage attending/DR resident should be made aware and will schedule the brain MRI.

- For infants in the well nursery who are identified needing a brain MRI after birth, the covering LP may schedule the MRI and place the order into EPIC . The RN NICU triage team will be contacted by the well newborn nurse to coordinate timing for transport to triage for the infant's MRI preparation.

IV. Location

- The primary location for neonatal MRIs is Aspect Scanner in the NICU with weekend use of the L1 scanner x33222.
- Aspect Embrace MRI: CWN 6 Neonatal Intensive Care Unit.
- Lee Bell MRI: The MRI in Lee Bell is on the second floor of the CWN building. To get to Lee Bell MRI, take the staff elevators to the second floor. There is a door that has ID badge access that enters into the Lee Bell Center. Use your badge to access through this door. Take a right and go to the end of the hallway. The MRI room is on the left.
- L 1 Scanner: Take the service elevator in CWN to L1 and follow signs for the L1 MRI scanner
- Hale Building for Transformative Medicine-60 Fenwood Rd. Take the pike over to the Hale building and follow the signs for the R-S elevators. Take the elevator to radiology on L2.

V. Preparation for MRI

- Adequate preparation is essential in acquiring a good quality MRI in a safe manner. Please follow the instructions enclosed in this document to correctly order and prepare an infant for MRI. Of particular importance is obtaining the equipment well in advance of the scheduled MRI and ordering syringes from pharmacy for any fluid infusions that you will need during transport (outlined in NICU preparation section).
- For any well newborn who requires an MRI at BWH, their MRI preparation will occur within the Triage room by an assigned NICU RN.
- For any well newborn who requires an MRI at BCH, their preparation will occur at BCH by the BCH radiology staff, with transportation by the well newborn staff.

VI. Can Parents Come to the MRI?

- Parents can come to the MRI but will not be allowed in the MRI room at any off-unit scanner. They must wait in the patient waiting area during the MRI.
- Parents are allowed to sit in the designated chairs in the Aspect Embrace Room if they so choose.

VII. Interpretation of Results

- MRIs will be read by a focused team of neuroradiologists from Boston Children's Hospital.
- For studies done at BWH, the reading will be in Epic; for studies done at BCH, the reading will be in BCH EPIC (which can be accessed via BCH tab on epic).
- A preliminary report will be available shortly after the MRI, with a final read available within 24 hours.

SECTION 2: ORDERING AN MRI AT BWH

- When the decision has been made that a patient will need an MRI, a folder with screening documents will be retrieved from the NICU front desk
- If the infant is in the well nursery, please obtain this folder from the MRI binder in the nursery procedure room on 9 and 10 if the packet is not readily available in baby's skinny chart. The specifics of these documents are outlined below. Many of these can be completed in advance.

I. MRI Ordering Process

- The MRI should be ordered in Epic by a physician caring for the infant.

1. **Epic Order: (important to start with this; order automatically reaches MRI managers)**
   - **MRI Brain** (Please DO NOT order w/SPECT or MRI angio Brain for Aspect MRI).
   - Use smart phrases: .NICUMRIINFO, .NICUMRITERM, or .NICUMRIPRETEM to add clinical info.
   - If MRS, MRA or MRV are needed the baby must have a 3T scan, these need to be ordered separately
     - **MRI Spectroscopy**
     - **MRI Angio Brain** and choose one of these options:

- MRA and MRV
- MRA only
- MRV only

2. Scheduling:

Please email: AspectMRI@partnershealthcare.onmicrosoft.com

Please provide (Appendix III):

- Patient name
- MRN number
- Indication for MRI
- Preferred date, time of day and feeding schedule (if cooling or NPO please indicate)
- Patient does/does not have implants
- Patient has/has not had surgery
- Confirmation that an order has been placed

- Routine scans ideally need at least 24-hour notice
- Routine scans in the Aspect Scanner will be scheduled Monday through Friday
- For time-sensitive/urgent scans please call MRI L1 X33222
- To request a scan at BCH, please discuss first with Director of Neurocritical Care, Mohamed El-Dib, cell: 571-201-6409, email: mel-dib@bwh.harvard.edu

A. Complete MRI Screening Form for the Patient:

- The MRI screening form should be completed by the patient's nurse in EPIC. Please see MRI screening form.
  - https://hospitalpolicies.ellucid.com/documents/view/26704/active/

- If the patient has had any operative procedures, please attach the operative notes to the screening form. The MRI technicians will need to verify that the patient does not have any implants or devices such as PDA clips that can be MR Conditional and require use of a specific MRI scanner (Appendix I)

B. Provide families with the MRI parent NICU Parent Information Sheet Brain MRI (Appendix IV)

- Informed consent is no longer required for obtaining an MRI
- The NICU MD or advanced practice team should discuss the MRI process with the family and inform them of the MRI plan and should provide all families with a copy of the parent information sheet for brain MRI

C. Ordering an MRI Scan at Boston Children's Hospital

- For infants in the NICU who require a scan at BCH (any MRI other than a brain MRI or when a BWH scanner is unavailable, and after discussing with the director of neonatal neurocritical care), a Fellow or BCH resident can place the order into BCH EPIC and for providers with no BCH credentials the MRI order can be placed via BCH EpicCare link.
- For well newborn infants who require a scan at BCH, the BWH provider can put an order in EpicLink without a consult. The BCH MRI suite can be contacted at 1-617-355-6315 for any further questions.

SECTION 3: Neonatal PREPARATION FOR MRI at BWH

ON THE DAY OF MRI (AFTER THE MRI IS ORDERED)

- Call the MRI suite to confirm the date/time of the MRI.
- If the scan is an Aspect MRI scan, the radiology tech will confirm with the covering physician and nurse taking care of the patient who will be scanned for the scan time.
- Well newborn nurse will call NICU triage to confirm date/time of MRI and time for infant to arrive in triage for preparation
    - Phone for Aspect Embrace: 617-525-0402
    - Phone for Lee Bell: 617-525-8662
    - Fax # for Lee Bell MRI: 617-264-5150
    - Phone for L1: x33222
    - Fax for L1: 617-732-7963

FOUR HOURS PRIOR TO MRI PREPARE MEDICATIONS FOR ANY OFF UNIT SCANNER
***For Aspect Embrace MRI Scans, additional fluid preparation is not required. The patient's pumps and IV poles can be brought into the Aspect MRI suite as-is. The only change to fluids would be to remove the art line transducer and simply have the fluids run at KVO to keep the art line open.**

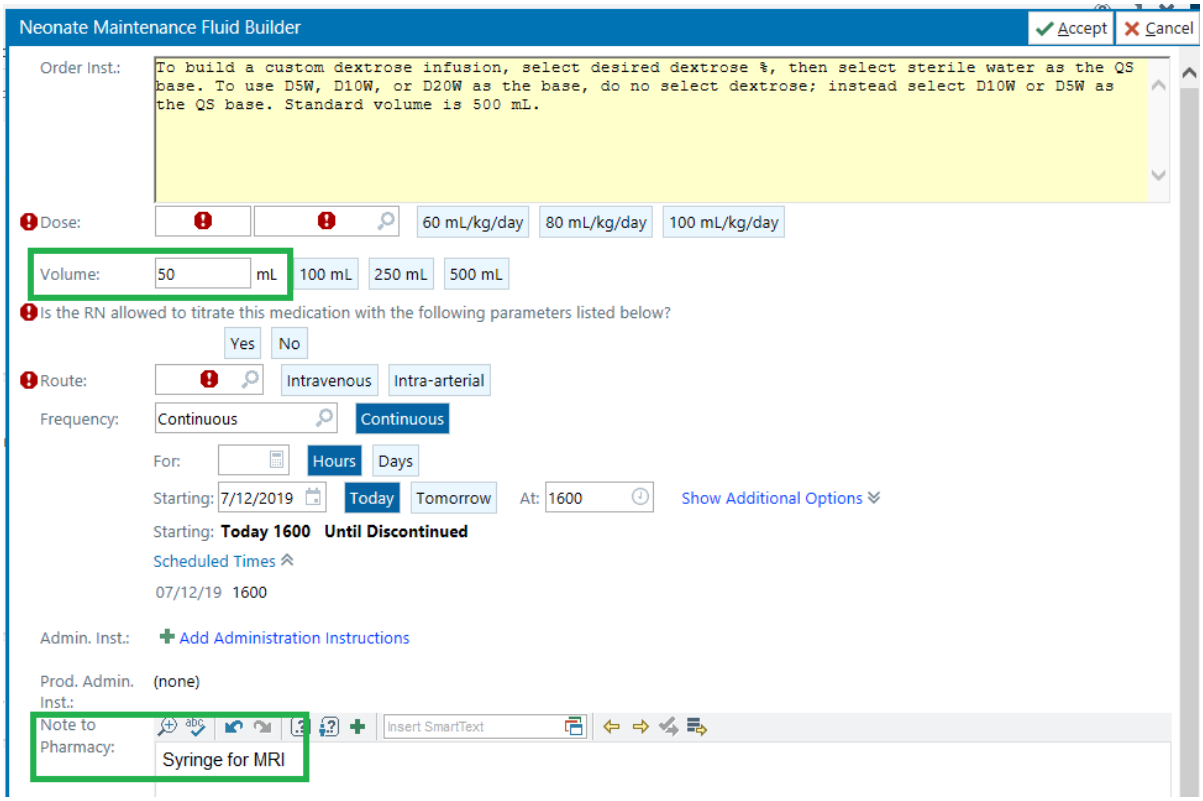
- If the infant is on any continuous infusions, determine which infusions are necessary to continue during the MRI.

- All medications and fluids should be in a syringe for MRI to allow them to be passed through the waveguide (the hole in the wall) with the IV lines.

- All continuous infusion medications (i.e. dopamine, epinephrine, morphine, etc.) are now normally prepared in a syringe. These orders do not need to be modified for MRI.

- Most large-volume fluids are not prepared in syringes.

- These fluids should be ordered from the Neonatal Maintenance Fluid Builder with a volume of ’50 mL’ and a note to the pharmacy stating ‘Syringe for MRI’:



- Extra syringes of medications or fluids may be needed to prime the lines or upon return from MRI. Communicate these needs to the NICU pharmacist.

- Syringes for MRI should be ordered 4 hours prior to leaving for the MRI to ensure time for preparation and delivery of products as well as nursing preparation and priming of lines.

- If a fluid was changed to a syringe for MRI, nursing may prefer this to be changed back to a bag upon return from MRI. Anticipate these needs and enter orders in advance to ensure products available upon return.

- Once back from MRI, discontinue any orders entered specifically for MRI that are no longer necessary.

TWO HOURS PRIOR TO MRI

- If your patient is on feeds, try to time the feeding to complete 30-45 minutes prior to leaving the NICU for MRI.

- Infants in well newborn, should arrive to NICU triage approximately one hour prior to the scheduled scan.
- Please attempt to coordinate feeds as close to the transfer to the NICU as possible to facilitate a satiated baby to maximize scan quality.

- Infants will need the Hugs Tag placed in transport mode prior to leaving for NICU, discharged and removed prior to leaving for their BWH MRI and reapplied upon return to the well newborn floor.

- The MRI assessment form should be obtained from the MRI reference binder found in the MRI preparation cart as well as within the well newborn procedural areas. The nurse caring for the infant (NICU or Well Newborn) should complete the top section of the form (specifically demographic info, history, medications) prior to starting preparation of the infant. Stop at the Two Person check section. This will be completed later

ONE HOUR PRIOR TO MRI:

Equipment (Appendix III)

- Arrive with infant prepped at MRI location 15 minutes prior to the time of scan.
- Gather all necessary equipment for MRI from the MRI cart and have available prior to the preparation of the infant
- The MRI cart is located in the alcove next to the conference room without windows and contains all other equipment that you will need. It is yellow and is labeled with a sign that says, "MRI Cart." The cart contains the following:
    - Top of cart: Orange respiratory box, binder with policy/CPG, battery chargers
    - Drawer 1: Cardiac monitor, EKG cable, extra battery packs for portable monitor
    - Drawer 2: Ear protection (mini muffs, ear plugs, hats), neonatal quatrodes for EKG
    - Drawer 3: BP cuffs, IV tubing, MRI safe oxygen probes, self-inflating ambu bag
    - Drawer 4: MRI containment nest options-blue and white.
- The MRI monitor with wireless modules (for ECG and pulse ox) is found in the MRI cart.
- Applying the MRI cable monitor and leads is not necessary prior to an Aspect Embrace Scan. The cables for this MRI are found and kept in that MRI suite. Simply placing the electrodes and sat probe in the patient room is acceptable.
- Stable infant-not on respiratory support
    - Monitoring may be done with Iradimed pulse oximeter only.
- Infant on ventilator
    - An MRI compatible ventilator is stored on CWN 6 in the NICU.
    - Let RT know that you will be doing an MRI. The RT will go to Lee Bell or into the Aspect MRI suite and have the ventilator placed in the MRI prep area and set to the infant's ventilator settings.
    - If the patient is on a high frequency ventilator and requires an MRI, a one-hour trial on the MRI ventilator must take place in the patient's room prior to the MRI. This is for MRIs being done in Lee Bell as well as in the Aspect Embrace.

SECTION 3b: Neonatal PREPARATION FOR MRI at Boston Children's Hospital (BCH)

- Preparation of the infant including MRI compatible monitoring (Well newborn or NICU patient) is completed at Children's Hospital Boston by the radiology staff.
- Once order is placed, infant's nurse will contact BCH radiology at: 1-617-355-6300, for scan time.

Preparation for Transport to BCH:

- One hour prior to scan time, please try to coordinate a feeding to ensure the infant is satiated and calm for the scan.
- To minimize wait time at BCH, the infant's nurse should contact the radiology department thirty minutes prior to scan to confirm scheduled appointment.
- Infant will need the Hugs Tag discharged and removed prior to leaving BWH and reapplied upon return.
- Infant's nurse will prepare for transport to BCH according to infant transport policy specific to the infant's disposition at BWH (well newborn vs NICU) and acquire the appropriate safety equipment. Infant to be transported in crib/isolette/stroller to BCH via the connector bridge between BCH and BWH. Once over the bridge and at BCH, follow the yellow signs for "Farley/Pavilion" and then Radiology and MRI.
- Allow for a minimum of 15 minutes travel time from CWN to BCH radiology.
- Parents may accompany the infant for transfer to BCH but will be asked to wait in the waiting area of the radiology department for the scan.
- The BWH nurse caring for the infant undergoing a scan at BCH must stay with the infant for the entirety of the scan. While at BCH, the infant is cared for by the Children's staff. They will direct the BWH nurse as to the appropriate place to wait and for procedures regarding MRI safety protocols for their institution.
- BCH staff will prepare the infant for the MRI and will ask the BWH RN to fill out a safety questionnaire for the infant as well as themselves.
- The goal is to do all MRI scans with no sedation. Occasionally, a scan might need to be rescheduled to a different day when excessive movements are interfering with reliable scans.
- Once the scan is complete, infant is transported back to the unit, and the hugs tag is reapplied.
- Parents can anticipate the MRI scan should take approximately one hour to complete and final results should be relayed by the ordering physician's team within 24 hours

SECTION 4: PREPARATION OF THE INFANT

Please note that preparation for MRI should begin at least 60 minutes prior to the infant's MRI time. Longer time may be needed depending on each infant's clinical status.

I. Transition all equipment (Appendix II):

- Obtain a set of vital signs in EPIC prior to transport and Q15 minutes during MRI. Please obtain temperature prior to MRI and upon return .

- If the infant has a PIV but does not need any continuous infusion through this line, saline lock the PIV.

- Aspect MRI: IV lines and medication changes are not required.The pumps and poles with infusing medications can be brought into the MRI suite as is and can safely remain next to the scanner.

- Off Unit MRI: Tubing change is required for all IV lines. This is necessary because the IV pump cannot go in the MRI room so additional longer tubing will be needed to extend out of the room.

    - Coil tubing should be used for MRI (limits the amount of tubing that gets tangled during transport)
    - 30 ft of tubing will be needed
    - The standard tubing in the cart needs to be flushed with 10 mL
    - The tubing should be connected to the medication syringe you acquired from pharmacy
- If the infant has a UAC, continuous infusion of fluids will be maintained, but the **UAC will not be transduced as the transducer is not MRI compatible**. Remove the transducer of your arterial line set up and simply run your fluid to keep the line open. While in MRI you can utilize the MRI compatible BP cuff which can be cycled during the scan for monitoring purposes.

- If the infant has NIRS, aEEG leads, or non-compatible cEEG leads they will need to be removed. The green sponge (part of the cEEG set up) for MRI Compatible leads needs to accompany infant to MRI.

- Confirm workflow process with your Respiratory Therapist if your infant is on any respiratory support. Evaluate whether your ETT needs retaping prior to transporting your infant.

- Place two blankets under the infant. One blanket should be folded as a standard swaddle and is placed on the bed first. This blanket will be for wrapping the infant's body. The second blanket should be folded in half and placed above the first blanket but overlapping slightly. This blanket is for wrapping the head.





- Place the infant on the blankets with approximately 6 inches of the blanket visible above the head.

- Place the MRI pulse ox probe on one foot. Wrap the probe with pulse ox wrap to maintain good placement.

For infants requiring EKG monitoring:

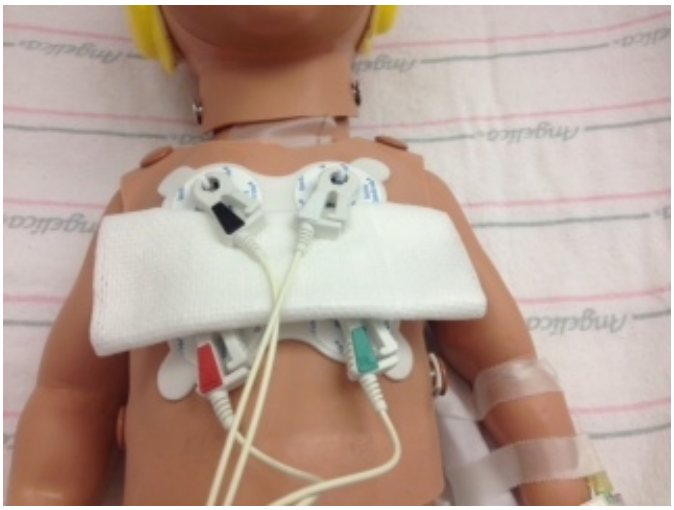
- Connect the MRI compatible quatrode chest lead to the transport monitor white cables (4) prior to adhering the lead to the infant. Adhere the quatrode lead onto the infant's chest. EKG monitoring will only be used in critically sick infants. Otherwise a pulse oximeter monitoring will be sufficient.



- Verify that the MRI monitor has a good waveform and appropriate heart rate and oxygen saturation. Also check that the MRI monitor readings are similar to the NICU pulse ox. If the

infant is stable and the monitor has a good waveform with adequate readings, remove the NICU pulse ox probe.

- Fold a 4x4 in thirds and place under the top wires of the quatrode to prevent any skin irritation or burns. Repeat for the bottom wires. No wires should be in direct contact w/ the infants' skin during the MRI.



- If blood pressure monitoring is needed, connect the BP hose to the Iradimed monitor if it is not already connected.

- Place the appropriate blood pressure cuff on the infant. The arm is the preferred location, but the leg without the pulse ox probe can also be used.

- If end tidal CO2 monitoring is needed, connect this to the ventilator and to the Iradimed monitor.

- Place the earplugs over the ear canal but not in it. You may place the earplugs in the minimuffs and then place the minimuffs over the ears as shown below.



Complete a two person check for the following:

- All metal is removed from the infant. This includes clothing with metal buttons and temperature probe hearts.
- No wires are looped, crossed, or touching the infant.
- Ear protection is placed.
- The infant should only have a diaper and MRI approved vital sign devices in contact w/ their skin.

MRI technologist will be the second person safety check prior to the initiation of the scan.

II. Wrapping the infant

- The **Aspect Embrace MRI** does not require the beanbag or air papoose for the scan as the infant is placed in a swaddle inside an incubator. One normal swaddle in a blanket is all that is required for larger infants to fit comfortably within the Aspect Embrace and allows for their heads to be exposed. The radiology technicians can help the nurses with positioning within the MRI incubator.

- Wrap the top blanket around the infant's head, over the shoulders and tuck under the arms. Leave all wires outside of the wrap.



- Wrap the second blanket around the body like a standard swaddle, but leave the chest leads and wires out of the wrap and visible. Also keep the leg with the pulse ox probe out of the swaddle for easy access and visualization.



- Once the infant is fully prepped and wrapped, transition to the transport isolette and the neopuff if the baby is on a ventilator. This should be done by a Respiratory Therapist.

- Connect the IV pumps to an IV pole. For ease of transition of fluids advanced into the MRI, it is best to bring a separate IV pole and not use the one attached to the isolette**.**

SECTION 5: TRANSPORT AND MRI PROCEDURES

I. Transport of the Infant

- Equipment to Bring
    - Airway box and the patient's own bag and mask or self- inflating mask for transport.
    - Any additional equipment/supplies tailored for each patient
        - i.e.: extra endotracheal tubes, ng/og tubes, milk/formula if able to PO, sweet ease, pacifier, etc
        - MRI Assessment Form
        - Patient's bedside chart can be brought if it contains pertinent information. The RN can also print out the latest attending summary for complete history for transport and for any questions the scanning team may need regarding the patient's course.
- Personnel for Transport
    - For the stable, nonventilated infant
        - 1 nurse can transport the infant
    - For the ventilated/higher acuity infant
        - 1-2 nurses

  - RT if the patient is on respiratory support.
  - APP/Physician
- Prior to departure from the NICU, notify unit coordinators that you are going to MRI- the LOA (leave of absence) process is not required for a scan being performed within BWH, only when the infant is leaving BWH to go to BCH.
  - Notification for travel to the Aspect Embrace within the NICU is not required.

III. Arrival to MRI suites outside of CWN (Lee Bell, L1 or Hale)

- On arrival to MRI, stop in the area labeled "MRI Prep Area"

- Provide introductions and define roles for the MRI process and in the event of an emergency.

- **In an emergency: CALL STAT line at 31164 and report Code Blue Newborn**
- All staff must remove any items not safe for MRI (metal, pager, stethoscope, etc.). After removing all items, you must be cleared by the MRI tech before proceeding to prepare the infant for entering the MRI scanner.
- After all staff are cleared, proceed with preparing the infant.
- **Monitor:** The MRI tech will ensure that the monitor in the MRI area is turned on and is set on the same channel as the infant's monitor, with the infant's vital signs prominently displayed.
- **Suction:** Check that the suction is set at 80-100
- **IV tubing:** The nurse will run the length of the IV tubing and make sure there are no knots and the tubing is not tangled.
- **Ventilator:** If the infant is ventilated, the RT will set up the vent while the nurse is handling the tubing. The vent should be positioned on the right side of the MRI and connected to the wall – oxygen and air sources. Check that the appropriate length of ventilator tubing is connected. The tubing should easily reach the MRI table and be able to extend outside the door of the MRI. Set the ventilator to the infant's settings if not already done.
- The MRI tech will facilitate the movement of infant into the MRI suite with the NICU team.
- I**f the infant is ventilated**, the RT will bring the ventilator tubing outside of the MRI room and connect the infant to the ventilator.
- **If the infant is on infusions**, the nurse will remove the medication syringes from the pump. Bring the syringes in the MRI room and feed them through the waveguide (the hole in the wall for IV lines). They will come through the wall so that they are going from inside the MRI room to outside the MRI room. Reconnect them to the pump. The pumps can be maintained on the IV pole.
- After the infant has been cleared by the tech, wrapped in the papoose, is connected to the ventilator (if needed), and the IV lines have all been threaded through the waveguide (if needed) then the infant can be wheeled into the MRI room.
- Move the infant to the MRI table.
- Place the infant on the table so that the head is in the middle of the coil. If necessary, place foam or towels under the infant's head to make sure the head is in the middle of the coil. Have the MRI tech check the placement of the infant and assist with appropriate adjustments.

- If necessary, consider adding a blanket under the infant for stability and to ensure the infant is lying flat.

Arrival to Aspect Embrace MRI

- Provide introductions and define roles for the MRI process and in the event of an emergency.
- In an emergency: Press the Code Blue Newborn button on the wall where the warmer and resuscitation area is. Open the door to the MRI Room and ask for the neonatal code cart from Neighborhood 1.
- The MRI tech will be responsible for stopping the scan and removing the isolette from the Aspect Embrace.
- The Isolette should never be locked while within the MRI magnet.
- The nurse will be responsible for removing the baby from the incubator and transporting to the resuscitation area next to the Magnet.
- **Monitor:** The MRI tech will ensure that the monitor in the MRI area is turned on and is set on the same channel as the infant's monitor, with the infant's vital signs prominently displayed.
- **Safety equipment for resuscitation is checked:**
  - **Suction is set at 80-100mmhg**
  - **Bag/correct size mask is available and connected to wall meter**
- **IV tubing:** The nurse will run the length of the IV tubing and make sure there are no knots and the tubing is not tangled and is laying flat within the isolette. **If the infant is on infusions**, the nurse will position the IV pump next to the Aspect Embrace and ensure all lines are patent without signs/symptoms of infiltrate.
- **Ventilator:** If the infant is ventilated, the RT will set up the vent while the nurse is handling the tubing. The vent should be positioned on the right side of the MRI and connected to the wall – oxygen and air sources. Check that the appropriate length of ventilator tubing is connected. The tubing should easily reach the MRI incubator. Set the ventilator to the infant's settings if not already done. RT to stay with patients on respiratory support for the entire MRI scan.
- Once the infant is cleared of the safety check, he/she can be positioned within the MRI isolette.

The MRI tech will facilitate the movement of infant into the MRI magnet with the NICU team.

IV. During the MRI

- Record vital signs every 15 minutes via electronic health record. Vital signs do not automatically flow into EPIC from the MRI monitors, so they can be recorded or manually entered into EPIC during the scan by the RN.
  - Heart rate and Oxygen saturation are standard
  - Depending on infant stability, may also record blood pressure, respiratory rate, and end tidal CO2

V. Return to the NICU or well newborn nursery

- After the MRI scan is complete, the infant will be transitioned from the table (or isolette in the Aspect Embrace) back to the transport bed and equipment in a similar way as the transition to the MRI bed.
- Check that you have all NICU supplies prior to leaving the MRI suite (airway box, medications,

etc)

- Well newborns will be returned to the mother on CWN 9 or 10 and have a HUGs tag reapplied.
- Upon arrival to the NICU transition the infant back to all NICU equipment.
- Notify the UC that you have returned and completed the LOA algorithm if your scan was at BCH.

FOR INPATIENT NEONATAL EMERGENCIES, CALL NICU STAT LINE x31164 and ask for a CODE BLUE NEWBORN

FOR OUTPATIENT EMERGENCIES, CALL HOSPITAL OPERATOR x26555 AND ASK FOR A CODE BLUE PEDIATRICS