

MAGNETIC RESONANCE IMAGING

MEDICAL RADIATION TECHNOLOGIST OBSERVATION FORM

Please complete one form for each examination observed

IHF #:	
MRT OBSERVED:	
CMRITO #:	

PATIENT IDENTIFIER:	
PATIENT WRITTEN CONSENT OBTAINED:	

TYPE OF EXAMINATION OBSERVED?	
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	C	NC	NA
DUTIES AND RESPONSIBILITIES OF CHARGE TECHNOLOGIST			
Follow facility policy regarding situations where the use of chaperones may be appropriate.			
Ensure the room is prepared for the procedure specified in the order.			
Select and set up the equipment and materials needed for the procedure specified in the order.			
Ensure correct patient identification (e.g. confirmation of patient name, date of birth, examination to be performed, and physician/authorized health professional authorization is present).			
Confirm that the order is appropriate based on the patient history.			
Ensure female patients are confirmed and documented – “Not Pregnant” if to receive contrast.			
Inquire about and record any contraindications by going through MRI safety questions before starting the exam.			
Ensure that the worklist contains the correct patient information (if applicable).			
Obtain informed consent (oral or written as per facility policy) before each examination (after explaining the procedure and answering any questions).			
Ensure pertinent clinical history is available and supplement as necessary.			

	C	NC	NA
Instruct the patient to remove only the clothing and items that will interfere with the procedure, providing the patient with a gown or sheet to cover areas where clothing was removed and explaining to the patient when and where the MRT may touch them and why.			
Follow the facility examination protocols.			
Follow facility protocols when unexpected findings are found that would require immediate attention.			
THROUGHOUT THE EXAMINATION:			
Assess the patient's condition before, during and after the procedure or course of treatment and make modifications to procedures based on the patient's physical, medical and/or emotional status and needs.			
Maintain patient comfort, privacy and dignity at all times.			
Stop procedure if at any time the patient withdraws consent and record withdrawal of consent and reason as per site protocol.			
Use PPE (personal protection equipment masks/gloves/gown etc.) as required for the procedure and as indicated by personal risk assessment.			
Ensure that the orientation of the body and other pertinent parameters are marked correctly on the image and data.			
Ensure film and or CR cassettes are stored appropriately and not left in the examination room (if applicable).			
Ensure correct anatomy is displayed on image for accuracy of positioning			
Ensure that patient examination images and data contains patient name, ID number, date of examination and type of examination.			
Ensure that each patient record has the MRT identifier to verify who performed the examination.			
Were infection control procedures followed? (e.g. hand washing/sanitizer used before and after touching patient, universal precautions used for injections, etc.).			
Perform quality control procedures as per facility policies?			
Comply with privacy and confidentiality legislation such as the Personal Health Information Protection Act (Ontario). Was patient privacy maintained at all times?			
IMAGE REVIEW:			
Are the images diagnostic?			

General Comments: *(Please use this section to provide overall comments regarding the technologist's performance, attitude, competency, what infection control measures were taken etc.). Document products used?*

Recommendations: *These recommendations must be documented in the Final Assessment Report*