

# PATIENTS GOING FOR TESTS

## MRI/IR/Videofluoroscopy/Echo

#### **Indications**

- To safely transport patients to tests or procedures outside of the NICU (MRI, PICC insertion, etc.).
- To ensure that tests and procedures can be performed safely.

### **Key points**

- For MRI only: For patients on medication drips, MRI tubing should be primed and added to the system at the TPN/syringe changes of the evening BEFORE the test. Ideally, only ONE MRI tubing should be added, and this tubing should be added as close as possible to the patient (between three-way and patient). In order for the patient to receive adequate doses of drips, this setup must run for at least one hour prior to attaching to patient
- Think about sedation and pain management for all patients requiring a test or procedure.
- Some methods of sedation (i.e. chloral hydrate) need time to take effect so consider this when timing the administration
  of a dose.
- Make sure your baby has their ID bracelet on.
- Stethoscope, baby's chart and O2 tank with bag & mask are required for every transport off the unit.
- Patients should be leaving for tests with the bare minimum in their isolette or crib (no toys, extra blankets, etc.).
- Even when the transport or resuscitation nurse are taking the baby for a test or procedure, it is the bedside nurse's responsibility to prepare the patient on time.
- If patient on respiratory support or has a difficult airway, coordinate with RT.

#### **Procedure**

For MRI (non-cooled patients)

How to get the baby ready	What equipment to get ready
<ul> <li>→ Sedation if necessary</li> <li>→ Feed baby at least one hour prior to test so baby is sleeping</li> <li>→ Remove PJs and cardiac leads (unless baby is unstable, then remove right before the test)</li> <li>→ Pacifier, sucrose</li> <li>→ Remove mobiles, toys, duvets, etc. from the baby's crib – minimize clutter</li> </ul>	<ul> <li>→ O2 tank with bag &amp; mask</li> <li>→ MRI pillow with 2 pillow cases</li> <li>→ MRI plugs and ear covers</li> <li>→ If the baby has drips or TPN infusing, special long MRI tubing must be primed and attached to patient before the patient leaves for test</li> </ul>



o For Interventional Radiology (i.e. PICC line insertion, NJ insertion, etc.)

How to get the baby ready	What equipment to get ready
<ul> <li>→ Sedation and pain management if necessary</li> <li>→ Pacifier &amp; sucrose</li> <li>→ Remove PJs (cover with white hospital blanket to keep warm)</li> <li>→ Remove mobiles, toys, duvets, etc. from the baby's crib</li> <li>→ If patient brought downstairs in isolette, ensure isolette is prewarming for after the test</li> </ul>	<ul> <li>→ O2 tank with bag &amp; mask</li> <li>→ If patient has drain (Replogle, chest tube, etc.) to LWS, check with medical team if want to maintain suction or change to straight drainage for test.         ALWAYS bring clamp with you for chest tubes (in case of accidental disconnection).     </li> <li>→ If suction to be maintained, get portable suction machine from transport nurse.</li> <li>→ Bring extra suction tubing with connectors</li> </ul>

o <u>For Videofluoroscopy/Echo</u> (i.e. NJ insertion, upper GI, small bowel follow through, video-swallow, heart echo, etc.)

How to get the baby ready	What equipment to get ready
<ul> <li>→ Pacifier &amp; sucrose</li> <li>→ Milk if patient is not NPO for test (eg. for heart echo)</li> <li>→ Remove PJs (cover with white hospital blanket to keep warm)</li> <li>→ Remove mobiles, toys, duvets, etc. from the baby's crib</li> <li>→ If patient brought downstairs in isolette, ensure isolette is prewarming for after the test</li> </ul>	<ul> <li>→ O2 tank with bag &amp; mask</li> <li>→ Parents can accompany and be present at bedside for this test if they wish</li> </ul>