



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER**

**SUBJECT:** MAGNETIC RESONANCE IMAGING (MRI)

**POLICY NO.** 367B

<b>CATEGORY:</b> Provision of Care	<b>EFFECTIVE DATE:</b> 11/12
<b>POLICY CONTACT:</b> Susan Stein, MD	<b>UPDATE/REVISION DATE:</b> 10/21
<b>REVIEWED BY COMMITTEE(S):</b>	

**PURPOSE:**

To ensure the safe and appropriate use of MRI for Harbor-UCLA patients.  
To provide a guideline for seamless transport of MRI patients to the Imaging Center or loading dock MRI.

**DEFINITION:**

REDLINE MRI	An MRI that should be completed expeditiously in order to facilitate an emergent intervention. Compared to other MRI requests (e.g., urgent, routine), there is a more expediated speed in assembling a transporting team with redline MRI.
Anesthesia Provider	An anesthesia provider is defined as an Anesthesiology attending, an Anesthesiology resident, or a Certified Registered Nurse Anesthetist (CRNA) supervised by an Anesthesiology attending.
Sedation	<b>For the purposes of this policy, sedation refers to medications given as an IV push, and excludes IV drips maintained at a stable rate.</b> Oral anxiolytics are not considered sedation/anesthesia in this policy and may be given to patients prior to MRI when appropriate.

**POLICY:**

- All MRI requests shall obtain approval. A REDLINE MRI may only be requested by an
  - Emergency Medicine (EM) attending
  - Trauma/Acute Care Surgery (ACS) Attending,
  - Interventional Radiology (IR) Attending, Neurosurgery (NS) Attending,
  - Cardiothoracic (CT) Surgery, or Neurology Attending.
  - Other services should contact one of these services for support when concern is high for possible neurological finding that would require surgical interventions.
- When a patient is to be transported between any inpatient unit or the Adult/Pediatric Emergency Department (ED) and either the MRI unit at the loading dock or the Imaging Center, staff shall adhere to established requirements regarding the means of transport. This includes, he clinical staff who must transport the patient, the medication and equipment that must accompany the patient, and the approval

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**APPROVED BY:** \_\_\_\_\_  
**Anish Mahajan, MD**  
**Chief Executive Officer**  
**Chief Medical Officer**

\_\_\_\_\_  
**Griselda Gutierrez, MD**  
**Associate Chief Medical Officer**

\_\_\_\_\_  
**Jason Black, MBA, DNP, RN**  
**Chief Nursing Officer**



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process for after-hours transport of inpatients/Emergency Department patients to the Imaging Center.  
See Policy 367A: Transporting Patients

**PROCEDURE:**

**I. GENERAL GUIDELINES**

1. Routine access to either the MRI unit at the loading dock or the Imaging Center diagnostic services for all patients shall be limited to weekdays, from 7:00 a.m. until 7:00 p.m.
2. After-hours/weekend/holiday access to either the MRI unit at the loading dock or the Imaging Center diagnostic services shall be limited to emergency cases involving injury to or disease of the major vasculature, abdomen, brain and spine and in which the result of the MRI will alter neurologic/neurosurgical management acutely.
3. Patients who cannot be scanned due to MRI scanner limitations (e.g., weight, girth, claustrophobia) may be referred to outside MRI Centers.  
If the patient does not require IV procedural sedation, the Imaging Center staff will arrange for the MRI to be done at the outside Imaging Center and no additional transport staff will be needed.
4. **If the patient is on any type of monitor or infusion pump medication, the patient *cannot* be referred to the outside Open MRI facility.**

**II. APPROVAL PROCESS/ACCESS TO MRI**

**An MRI metal safety screening form must be completed before a patient can have an MRI.**

**If the patient is alert X4 patient can answer the questions.**

**If patient is not alert X4 a family member should be consulted and answer to the best of their knowledge and then it should be signed by the MD.**

**If the screening form cannot be verified as accurate, then the referring MD must clear the patient by means of radiography or medical records.**

**RN's can assist patients with completion, but cannot sign for the MD.**

1. An Emergency Medicine, Trauma, Neurosurgery or Neurology attending may request an MRI by contacting the Neuro-radiologist, or if after-hours, the Radiology resident on-call, to arrange the study. No further approval will be necessary.
2. For other services requesting an MRI, the requesting service will contact the Neuro-radiologist, or if after-hours, the Radiology resident on-call, to review the MRI request and approve access to the MRI at the Imaging Center or mobile MRI unit at the loading dock.
3. If there is disagreement between the radiologist and the requesting service regarding the indication for an MRI, only the Radiology attending has the capability to refuse to perform the requested MRI.
4. The Neuro-radiologist or Radiology resident on-call will promptly contact the MRI technologist to notify him/her of the procedure.
5. The Neuro-radiologist or Radiology resident on-call will prioritize the use of MRI with input from the Radiology attending as needed. In general, the following patients will undergo MRI in the mobile unit at the loading dock: (1) Emergency Department patients; (2) acute trauma or ICU patients; (3) any pediatric or adult patient (including outpatients) requiring intravenous sedation or other Anesthesiology support for monitoring or provision of sedation; and (4) inpatients with potentially treatable neurologic or neurosurgical emergencies. Patients for the mobile MRI unit at the loading dock will have one of the following documented indications:
  - a. Acute/subacute spinal cord injury or myelopathy (includes suspected spinal cord injury, suspected spinal compression or ischemia, concern for epidural abscess or discitis, and suspected focal neurological deficit)



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- b. Concern for acute/subacute cauda equina/conus medullaris syndrome
  - c. Acute stroke symptoms with non-diagnostic head CT
  - d. Suspected meningitis, encephalitis, or CNS vasculitis
  - e. Concern for CNS tumor or abscess with acute change in neurological status
  - f. Evaluation for cerebral hemorrhage
  - g. Emergent arterial imaging (aortic dissection, aneurysm leak, etc.) when contraindication to IV CT contrast
  - h. Pregnant female with equivocal physical examination and ultrasound for appendicitis
  - i. Urgent Magnetic Resonance Cholangiopancreatography (MRCP)
  - j. Assessment of VP shunt malfunction
  - k. In general, all other inpatients and outpatients not requiring sedation or Anesthesiology support may continue to undergo MRI at the Imaging Center.
6. In extreme cases, Harbor-UCLA physicians will have the ability to call for a "REDLINE MRI". In all cases, there should be a likelihood that the MRI findings will justify an emergent procedural or operative intervention. Requests for a REDLINE MRI must be verbally communicated as below.
1. The Emergency Medicine (EM) Attending, Trauma/Acute Care Surgery (ACS) Attending, Interventional Radiology (IR) Attending, Neurosurgery (NS) Attending, Orthopedic Attending, Cardiothoracic (CT) Surgery, or Neurology Attending notifies the Radiology Resident of the REDLINE MRI. All requests include name, MRN, indication, and the REDLINE designation.
  2. Attending requesting REDLINE MRI, or designee, notifies unit charge nurse.
  3. Unit charge nurse notifies the ICU/PCU nurse transport during business hours. At any time, and during afterhours, Charge nurse notifies the Nursing House Supervisor for all REDLINE MRIs. NOTE: ED nurse transports their ED patients.
  4. Radiology Resident notifies MRI technologist.
  5. Attending, or designee, documents the request for a REDLINE MRI procedure in the medical record.
  6. REDLINE MRI requests will be retrospectively reviewed for appropriateness as needed.
7. The MRI technologist will contact the unit Charge Nurse to notify him/her when the MRI service is ready to receive the patient.
8. Appropriate Harbor-UCLA clinical staff must accompany select patients during transport and while at either the mobile MRI unit or the Imaging Center. The clinical status of the patient and required level of procedural sedation dictates the skills required by accompanying members of the transporting team. See Policy 367A
9. In order to schedule Anesthesiology support for an MRI patient, a schedule request should be made through the electronic health record for "HAR Anesthesia Out of OR" or through the Operating Room Scheduling Center at (424) 306-5203 during regular hours, and through the OR Front Desk at (424) 306-5200 after-hours.
10. Anesthesiology staff will document their provision of sedation/anesthesia in the electronic health record.
11. Elective MRI outpatients requiring Anesthesiology support will require a Pre-Admission Testing appointment for evaluation prior to the planned procedure, at the discretion of the Anesthesiology staff.

### III. LOCATION/MEANS OF TRANSPORT

#### To Imaging Center:

1. During regular business hours, the Imaging Center will arrange for the transportation of the patient. If the patient is a ward or non-monitored patient going to the Imaging Center, then transportation will occur in the Imaging Center van. If the patient is an ICU or monitored patient going to the Imaging



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Center, MRI staff will arrange for County Transport to provide Emergency Medical Services transportation.

2. After hours, the Imaging Center MRI technician shall contact the Medical Alert Center (MAC)/County Transport to arrange transportation to the Imaging Center.

**To Mobile MRI unit:**

1. Non-Emergency Department adult outpatients requiring MRI with Anesthesiology support will arrive in the Outpatient Surgery area of the S/E Building as scheduled by the OR Scheduling Center. These patients will undergo check-in and have sedation/anesthesia initiated by the Anesthesiology staff in the Operating Room. This sedation/anesthesia will depend upon the availability of an Operating Room, as determined by the Anesthesiologist-in-charge and Trauma attending on call. The patient will be transported to the mobile MRI unit at the loading dock via gurney by the Transporting Team.
2. Inpatients undergoing an MRI in the mobile unit at the loading dock who do not require sedation or Anesthesiology support will be transported during regular hours by the MRI staff. After hours, these patients will be transported to the mobile unit at the loading dock by Nursing staff. (see Policy 367A)
3. All patients undergoing MRI in the mobile unit at the loading dock will be transported to the mobile MRI unit on a gurney. This gurney will remain available outside of the mobile unit in the event that a patient in the mobile unit develops a medical emergency requiring discontinuation of the study.
4. For pediatric non-ICU inpatients or outpatients requiring sedation or Anesthesiology support, these patients will undergo initiation of sedation by the Pediatric Hospitalist or Anesthesiology staff in the 6West Pediatric Procedure Room.
5. For adult non-ICU inpatients requiring sedation or Anesthesiology support, these patients will be brought to the Pre-op Area and then to the Operating Room for the Anesthesiology staff to initiate sedation/anesthesia with the appropriate monitoring techniques. The patient will then be transported to the mobile MRI unit with the help of MRI staff or Nursing and the transporting team.
6. For ED patients requiring sedation or Anesthesiology support, these patients will be evaluated by the Anesthesiology staff in the ED where sedation/anesthesia will be initiated with the appropriate monitoring techniques. If Anesthesiologist staff are not available, then the ED attending may provide sedation with appropriate airway management. The patient will then be transported to the mobile MRI unit with the help of MRI staff (when available during regular hours) or ED Nursing and the transporting team.
7. For ICU/PCU patients requiring sedation or Anesthesiology support, these patients will be transported from the ICU/PCU directly to the mobile MRI unit at the loading dock by the ICU or Transport nurse, Anesthesiology provider, and the transporting team. If ICU/PCU patients do not require sedation or Anesthesiology support, then they will be transported to the mobile MRI unit at the loading dock by the ICU/PCU or Transport nurse, and the transporting team.
8. For ICU/PCU patients or those requiring sedation or Anesthesiology support, the mobile MRI unit will provide all the appropriate MRI-compatible monitoring equipment (including but not limited to EKG, pulse oximetry, automated blood pressure cuff, pressure waveform monitoring, end-tidal CO<sub>2</sub>, transport ventilator) for these patients.

**A. General transport considerations**

1. The status of patient stability and determination of the need for physician accompaniment will be established by the primary attending in consultation with the nurse caring for the patient.
2. Stable patients who do not require sedation or anxiolysis will be transported by Imaging Center transport personnel, when available.



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3. Stable patients who require spinal precautions will be transported with a physician (R1 or higher) or mid-level provider from the primary team or ED (for non-admitted patients in the ED) to assure proper precautions are met. This physician will maintain spine precautions at the time of transfer in and out of the MRI unit, but need not remain in the mobile unit for the entirety of the study.
4. Patients whose MRIs are ordered with IV contrast for an after-hours/weekend/holiday study require a physician (R1+ from the primary team or the ED for non-admitted patients in the ED) or appropriate mid-level provider to accompany the patient to the Imaging Center. Such accompaniment is not required for MRI with IV contrast conducted during business hours (radiologists at the Imaging Center fulfill the requirement for a physician to be present) or for patients undergoing MRI in the mobile unit at the loading dock (inpatient physician or ED physician fulfills this requirement).
5. Patients do not require accompaniment by a physician/mid-level provider if they are deemed stable, do not require sedation, do not require spinal precautions, and do not require IV contrast after-hours. However, all pediatric patients will be accompanied by a nurse.

**B. Post-MRI Care**

1. Following outpatient MRIs that require sedation or Anesthesiology support, patients will be recovered in PACU or an appropriate monitored setting.
2. Following inpatient MRIs that require sedation or Anesthesiology support, ICU patients will be recovered in their ICU bed. Non-ICU patients will be recovered in the PACU until cleared to return to their previous bed by the Anesthesiology staff.

**C. Patient Emergencies in the Mobile MRI Unit**

1. In the event of a Code Blue, Code White, or other patient emergency in the mobile MRI unit, the MRI will be immediately aborted and the procedures for in-hospital emergencies will be followed.
2. The MRI staff will activate the appropriate level of in-hospital emergency response (Code Blue, Code White, Rapid Response Team, etc.), and assist in moving the patient out of the mobile MRI unit and into the Emergency Department for immediate resuscitation. Emergency Department staff will assist in the resuscitation until the appropriate primary medical team can be available at the bedside.
3. The Crash Cart and emergency equipment will be maintained in the Emergency Department, not in the MRI mobile unit.

**IV. MEDICATION & EQUIPMENT**

Harbor-UCLA shall ensure that the escort team has appropriate medication, and equipment is present during transport of the patient to and from the Imaging Center and while the patient is at the Imaging Center.

**A. Medication - Adults**

1. Prior to transporting the patient from hospital to the Imaging Center, the Escort Team Licensed Nurse (Unit Nurse, ED Nurse), anesthesia provider shall obtain an Imaging Center Medication Kit from a designated Pyxis machine in one of the following locations:
  - Adult Emergency Department
  - 5 West ICU
  - 3 West ICU
2. The contents of the Imaging Center Medication Kit are specified in **Appendix A**.



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3. Documentation of medication ordered and administered shall follow existing hospital policy.
4. Following return of the patient to the hospital from the Imaging Center, the Escort Team Anesthesia provider or Transport Nurse shall return the Imaging Center Medication Kit to the Inpatient Pharmacy (servicing pharmacy or basement pharmacy).

**B. Medication – Pediatrics and Neonates**

1. Prior to transporting the patient from hospital to the Imaging Center, the Escort Team Licensed Nurse (Transport Nurse, Unit Nurse, ED Nurse) Anesthesia provider shall obtain the appropriate transport kits from a designated Pyxis machine or secured storage location in one of the following locations:
  - Pediatric Emergency Department
  - Pediatric ICU
  - Neonatal ICU
  - Nursery Level II
  - Pediatric Ward
2. Controlled substances for neonatal or pediatric patients requiring sedation or anxiolysis may be removed from the Pyxis individually or the Neonatal Controlled Substance Transport Kit or Pediatric Sedation/Analgesia Medication Kit.
3. Medications not in transport or resuscitation kits can be requested using the Neonatal/Pediatric Transport Medication Request form. (**Appendix A**)
4. Documentation of medication ordered and administered shall follow existing hospital policy.
5. Following return of the patient to the hospital from the Imaging Center, the Escort Team Licensed Nurse (Transport Nurse, Unit Nurse, ED Nurse) anesthesia provider must return the Transport Medication Kits to the Inpatient Pharmacy.

**C. Equipment & Supplies**

1. Prior to transporting the patient from the hospital to the Imaging Center, the Escort Team or Transport Nurse shall obtain the appropriate transport equipment and supplies to meet the needs of the patient for ongoing evaluation, as well as the likelihood for intervention. Refer to Nursing Policy No. 567.0 “Transporting Adult Patients off Unit” and Nursing Policy No. 569.0 “Transporting Pediatric Patients off Unit”.
2. Following return of the patient to the hospital from the Imaging Center, the Escort Team anesthesia provider or Transport Nurse shall return the transport equipment and supplies to the appropriate unit.

Revised and Approved by:  
Medical Executive Committee on 12/2021

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Beverley A. Petrie, M.D.  
President, Professional Staff Association



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**APPENDIX A**

**i. Adult Imaging Center Medication Transport Kits**

ACLS/ Resuscitation Drugs

MEDICATION	VOLUME	QUANTITY
Adenosine 6 mg/2 mL, syringe	2 mL	3
Amiodarone 150 mg/3 mL	3 mL	3
Atropine 1 mg/ 10 mL, syringe	10 mL	3
Dopamine 800 mg/250 mL	250 mL	1
Epinephrine 1 mg/10 mL, inj.	10 mL	4
Metoprolol 5 mg/ 5 mL, inj.	5 mL	3
Norepinephrine 1 mg/1 mL, inj.	4 mL	2
Vasopressin 20 units/mL , inj.	1 mL	2

Reversal Agents

MEDICATION	VOLUME	QUANTITY
Diphenhydramine 50 mg/mL, inj.	1 mL	1
Epinephrine 1 mg/1 mL, inj.	1 mL	1
Flumazenil 0.5 mg/5 mL, inj.	5 mL	2
Naloxone 0.4 mg/mL, inj.	1 mL	4

Others/ Miscellaneous

MEDICATION	VOLUME	QUANTITY
Dextrose 50%, syringe	50 mL	1
Sodium Chloride 0.9%, flush syringe	10 mL	5
Sodium Chloride 0.9%	250 mL	1

**(FOR PATIENTS WHO REQUIRE SEDATION AGENTS, CONTROLLED SUBSTANCES MUST BE REMOVED INDIVIALLY FROM PYXIS)**

**ii. Pediatrics**

Pediatric Sedation/Analgesia Medication Kit

MEDICATION	QUANTITY
Atropine 0.4 mg/mL vial	1
Atropine 1 mg/10 mL prefilled syringe	2
Fentanyl 100 mcg/2mL vial	6
Flumazenil 0.5 mg/5 mL vial	4
Ketamine (Pediatric) 500 mg/10mL vial	2
Lorazepam 2 mg/mL vial	4
Midazolam 2 mg/2 mL vial	10
Morphine 10 mg/mL vial	4
Naloxone 0.4 mg/mL vial	10



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Pediatric Transport Kit

Medication	Vial/Syringe size	Qty
Adenosine 3 mg/mL inj.	6mg/2mL prefilled syringe	2
Amiodarone 50mg/mL inj.	150mg/3mL vial	1
Ampicillin 1g vial	1g/vial	1
Atropine 0.1 mg/mL inj.	10mL prefilled syringe	2
Calcium chloride 100 mg/mL inj.	10mL prefilled syringe	1
Ceftriaxone 1g vial inj.	1g/vial	1
Diphenhydramine 50 mg/mL inj.	50mg/mL	2
Dexamethasone 4 mg/mL inj.	20mg/5mL	2
Dextrose 50% (0.5g/mL) inj.	25g/50mL prefilled syringe	1
Dextrose 10% (D10)	50g/500mL premixed bag	1
Dopamine 800 mcg/mL	200mg/250mL premixed bag	2
Epinephrine 1mg/10mL inj.	10mL prefilled syringe	2
Epinephrine 32mcg/mL	8mg/250mL premixed bag	2
Heparin 10unit/mL	100units/10mL prefilled syringe	2
Levetiracetam 15mg/mL inj.	1500mg/100mL premixed bag	1
Lidocaine 2% (100mg/5mL) inj.	100mg/5mL prefilled syringe	2
Mannitol 20% (200mg/mL)	100g/500mL premixed bag	2
Methylprednisolone 125mg/mL inj.	125mg/vial	2
Milrinone 200 mcg/mL	40mg/200mL premixed bag	1
Naloxone 0.4mg/mL inj.	0.4mg/1mL vial	2
Norepinephrine 32mcg/mL	8mg/250mL premixed bag	2
Potassium Chloride 20meQ/50mL	20meQ/50mL premixed bag	1
Sodium bicarbonate 8.4% (1mEq/mL) inj.	50mEq/50mL prefilled syringe	2
Sodium Chloride 0.9% inj.	10mL prefilled syringe	5
Vecuronium 10mg vial inj.	10mg/vial	2

**iii. Neonatal**

Neonatal Controlled Substance Transport Kit

Medication	Qty
Fentanyl 100mcg/2mL inj.	4
Lorazepam 2mg/mL inj.	2
Midazolam 2mg/2mL inj.	4
Morphine 2mg/mL inj.	4
Phenobarbital 130mg/mL inj	2
Vecuronium 10mg/vial	2





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Neonatal Transport Kit

Medication	Vial/Syringe size	Qty
Ampicillin 250mg/mL inj.	250mg/vial	2
Ampicillin 500mg/mL inj.	500mg/vial	1
Dopamine drip 800mcg/mL	200mg/250mL premixed bag	1
Cefepime 100mg/mL	1gm/vial	2
Epinephrine drip 32mcg/mL	8mg/250mL premixed bag	1
Erythromycin 1gm Oph Oint	1gm/tube	2
Flumazenil 0.5mg/5mL inj	0.5mg/5mL vial	2
Gentamicin 10mg/mL	20mg/2mL vial	1
Lidocaine 1% inj for topical anesthesia	20 mL vial	1
Levetiracetam 15mg/mL inj	1500mg/100mL premixed bag	1
Phytonadione 1mg/0.5mL	1mg/0.5mL ampule	2

Neonatal Resuscitation Kit

Medication	Vial/Syringe size	Qty
Adenosine 3 mg/mL inj.	6mg/2mL prefilled syringe	2
Atropine 0.1 mg/mL inj.	10mL prefilled syringe	1
Calcium Gluconate 10%	10mL vial	2
Epinephrine 1mg/10mL	10mL prefilled syringe	2
Epinephrine 1mg/mL	1mg/1mL ampule	1
Heparin 1unit/mL	5units/5mL prefilled syringe	4
Naloxone 0.4mg/ml inj	0.4mg/1mL	2
Sodium bicarbonate 4.2%	10mL prefilled syringe	2
Sodium Chloride 0.9%	10mL prefilled syringe	5



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## Neonatal/Pediatric Transport Medication Request Form

Please provide information below:

**Requesting Provider/Nurse (PRINT)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name** \_\_\_\_\_ **FIN:** \_\_\_\_\_ (if known)

**Pick up / drop off Location:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **weight** \_\_\_\_\_ **Allergy** \_\_\_\_\_ (if known)

Medication outside of transport Kit	Dose & Syringe or bag size <b>Circle one</b>	Qty	Used (Y/N)	Qty Returned to Pharmacy
<input type="radio"/> Alprostadil drip 10mcg/mL	30mcg/3mL <b>OR</b> 100mcg/10mL			
<input type="radio"/> <b>DOBUT</b> amine drip 1,000mcg/mL	10mg (10,000mcg)/10mL			
<input type="radio"/> <b>DOBUT</b> amine drip 2,000mcg/mL	20mg (20,000mcg)/10 mL <b>OR</b> 60mg (60,000mcg)/30mL			
<input type="radio"/> <b>DOBUT</b> amine drip 4,000mcg/mL	40mg (40,000mcg)/10 mL <b>OR</b> 120mg (120,000mcg)/30mL			
<input type="radio"/> <b>DOP</b> amine 1,600mcg/mL	16mg (16,000mcg)/10mL <b>OR</b> 48mg (48,000mcg)/30mL			
<input type="radio"/> <b>DOP</b> amine 3,200mcg/mL	32mg (32,000mcg)/10mL <b>OR</b> 96mg (96,000mcg)/30mL			
<input type="radio"/> Fentanyl drip 10mcg/mL	10mcg/1mL in 3mL syr (premixed) <b>OR</b> 100mcg/10mL (premixed)			
<input type="radio"/> Fentanyl drip 50mcg/mL	400mcg/8mL in 10mL (premixed)			
<input type="radio"/> Midazolam drip 0.5mg/mL	1.5mg/3mL <b>OR</b> 5mg/10mL			
<input type="radio"/> Midazolam drip 1mg/mL	1mg/1mL in 3mL syr (premixed) <b>OR</b> 10mg/10mL (premixed)			
<input type="radio"/> Midazolam drip 2mg/mL	20mg/10mL			
<input type="radio"/> Naloxone drip 16mcg/mL	4mg/250mL bag			
<input type="radio"/> Surfactant				
<input type="radio"/>				
<input type="radio"/>				

**Provider/Nurse:**

- Please return Transport Med Kit, this form and any unused medications back to pharmacy for reconciliation.

**Pharmacy:**

Please reconcile and refill Transport Med Kit accordingly.