**The Problem**

Claustrophobia is a barrier for many patients needing to undergo MRI. As MRI becomes a prevalent diagnostic tool, patients find themselves participating in scans which require them to be in a confined space for a long time. Anesthesia is not an idea solution due to increased risks to the patient, limited availability of the anesthesia team, and increased wasteful idle time for the MRI machine.

Categories of patients with high anxiety or claustrophobia:
- Patients who know that they are claustrophobic based on personal history events.
- Patients who do not realize that they are claustrophobic until faced with the prospect of a scan in a cylindrical environment.
- Patients who have conjured up scary thoughts about being in a tight space due to past life events.

**Aim/Goal**

All outpatient requests for MRI exams performed under sedation require additional steps in the ordering/scheduling process. The goal is to create a streamlined guideline to define the differences in sedation types offered, and their additional steps in ordering/scheduling.

- Shared responsibility, for patient comfort by, ordering physicians, midlevel’s and technologists to assure a completed uneventful scan.
- Overcome the very real difficulties of claustrophobia and otherwise anxious patients who must have MRI’s.
- Provide a pathway which may end in Anesthesia for the patient or provide a solution along the path to a successful scan without major intervention.

**The Team**

- Cheryl Bunting, RNP – Radiology, Nursing
- ShuangQi Zheng, RT(MR) – Radiology, MRI
- Ines Cabral-Goncalves, RT(R,MR) – Radiology, MRI
- Koenraad Mortele, MD – Radiology, Physician
- Bridget O’Bryan, RN – Radiology, Nursing
- Donna Hallett, RT – Radiology, Administration

**The Results**

<table>
<thead>
<tr>
<th>PO sedation ordering physician</th>
<th>PO sedation onsite sedation staff</th>
<th>General Anesthesia</th>
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<tbody>
<tr>
<td>Ideal for: Patients with fear based on personal history or events.</td>
<td>Patients who previously attempted an MRI and have failed to complete. Patients impaired with mild tremors, pain, structural limits which prohibit lying straight and still on a flat surface.</td>
<td>Patients in whom the referring physician recognizes that the Patient’s impairment or claustrophobia will preclude a successful scan.</td>
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<td>Pros: More flexibility for the patient. Patient picks up medication and self-medicates. Can be scheduled at any BIDMC outpatient magnet, but preferably at the West Campus.</td>
<td>Personalized service. NP will sedate patient onsite to a comfortable level before entering scan room. Can only be scheduled at WCC magnets during certain hours.</td>
<td>Helps to obtain diagnostic imaging otherwise unavailable to these patients.</td>
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<tr>
<td>Cons: None</td>
<td>Availability is limited as additional resources are required to perform study.</td>
<td>Availability is limited. Study must be coordinated with Anesthesia department.</td>
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**Lessons Learned**

There was a clear need from the ordering physicians for guidance and support. This document will provide structure and guidelines for those clinicians to use when scheduling MRI’s for patients who request sedation.

Given the risks associated with Anesthesia, not to mention the unit and scanner time it takes up, we need to be cautious with offering the claustrophobic patient Anesthesia. We hope to incorporate this guideline as a link in OMR in the near future.

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