

Royal Hospital for Women (RHW)
NEONATAL BUSINESS RULE
COVER SHEET



Health
South Eastern Sydney
Local Health District

Ref: T24/31139

NAME OF DOCUMENT	MRI - MedVac Infant Immobiliser
TYPE OF DOCUMENT	Clinical Business Rule
DOCUMENT NUMBER	RHW CLIN041
DATE OF PUBLICATION	15 May 2024
RISK RATING	Low
REVIEW DATE	May 2029
FORMER REFERENCE(S)	MRI - Med Vac Restrainer
EXECUTIVE SPONSOR	Sally Wise, Nursing Co- Director Neonatal Services Srinivas Bolisetty, Medical Co- Director Neonatal Services
AUTHOR	E Jozsa (CNS), KB Lindrea (CNC)
SUMMARY	To apply the MedVac restrainer safely to the infant for an MRI
Key Words	MRI, Med Vac restrainer, infant, newborn

Contents

1	BACKGROUND.....	2
2	RESPONSIBILITIES	2
2.1	Staff	2
3	PROCEDURE	2
3.1	Equipment.....	2
3.2	Clinical Practice.....	2
3.3	Documentation	4
3.4	CBR Implementation Plan	4
3.5	Related Policies/procedures	5
3.6	References.....	5
4	ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION.....	5
5	CULTURAL SUPPORT	5
6	NATIONAL STANDARDS	5
7	REVISION AND APPROVAL HISTORY	5

This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this

MRI - MedVac Infant Immobiliser

RHW CLIN041

Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

Neonates requiring MRI scanning need to remain motionless during the procedure. The MedVac infant restrainer is an air-tight, multi-chambered system that provides a vacuum splint to the infant. It stabilises the infant to be motionless during MRI.

2 RESPONSIBILITIES

2.1 Staff

Medical- to provide safe care and assessment of neonates requiring MedVac restraint during an MRI

Nursing- to provide safe care and assessment of a neonate requiring MedVac restraint during an MRI

3 PROCEDURE

3.1 Equipment

- MedVac infant restrainer
- Bonnet
- Warm bunny rug or soft linen wrap

3.2 Clinical Practice

1. Explain procedure to parents.
2. Ensure infant has patient labels in place.
3. Ensure infant has been fed 30- 40 minutes before scan time (if scan appointment is available).
4. Ensure all items of containing metal are removed from the infant including clothes with metal buttons.
5. Ensure infants has a dry and clean nappy.
6. Put a hat/ bonnet on the infant.

MRI - MedVac Infant Immobiliser

RHW CLIN041

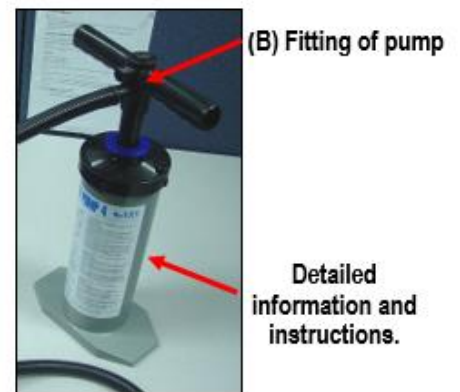
7. Put the infant in the warm bunny rug or soft linen wrap.
8. Wrap the infant snugly with a limb exposed for the pulse oximetry probe.
9. Rotate the valve on MedVac bag CLOCKWISE until tight. (Picture 1)
10. Place the infant on open MedVac bag and wrap it around the infant's torso and buckle up the strap.
11. Wrap velcro strap across the forehead and above the eyebrows. (Picture 2). If required, place the second velcro across the chin.



Picture 1



Picture 2



Picture 3

12. The manual pump has two fittings – (A) for inflation and (B) for evacuation of air. Attach hose to (B) fitting of the pump (Picture 3) to deflate the air from the bag.
13. Attach the end of hose to valve on MedVac bag. (Picture 4)
14. “Cup” the area of the bag wrapped around the head (Picture 5) while evacuating the air from the bag by using the attached pump. (Picture 6)



Picture 4



Picture 5



Picture 6

15. Pull the lever to evacuate air (2 to 2½ pumps).
16. When the air has been evacuated from the MedVac bag, remove the hose from the valve. Plug the valve.
17. Transport the infant to the MRI Room and place infant in the Coil. (Picture 7)

MRI - MedVac Infant Immobiliser

RHW CLIN041

18. For Infant <1,500g:

- Position the infant on the large section of the bag.
- Buckle up the strap to secure the infant's legs only. Ensure the leg with the saturation probe is exposed.
- Fold the top part of the bag onto the infant's forehead and hold the sides of the bag in position around the temporal region of the infant's head.
- Evacuate the air from the bag (Action 12 to 15).



Picture 7



Picture 8



Picture 9

19. After the scan is complete, remove the infant from the coil and unbuckle the straps. (Picture 8)

20. Rotate the valve on MedVac Bag Counter-Clockwise until the bag re-fills with air. (Picture 9).

21. Remove hose and plug.

22. Remove infant from bag.

23. Transport the infant back to the NICU.

24. Clean the bag after every use.

25. Put the bag, hose and pump back into the plastic container and return to the store room.

3.3 Documentation

- eRIC

3.4 CBR Implementation Plan

The revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The staff are asked to respond to an email or sign an audit sheet in their clinical area to acknowledge they have read and understood the revised CBR. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access

3.5 Related Policies/procedures

- RHW NCC Nursing CBR - Continuous Enteral Feeding
- RHW NCC Nursing CBR - Intragastric Tube Insertion and Maintenance

3.6 References

- <https://www.supertechx-ray.com/PatientPositioning/PatientPositioners/MedVacInfantandChild.php#Infantainer>

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: [NSW Ministry of Health Policy Directive PD2017 044-Interpreters Standard Procedures for Working with Health Care Interpreters.](#)

6 NATIONAL STANDARDS

- Standard 1 Clinical Governance
- Standard 2 Partnering with Consumers
- Standard 5 Comprehensive Care
- Standard 6 Communicating for Safety

7 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
04/07/2011	1	JL Oei (Neonatologist), KB Lindrea (CNC)
24/09/2014	2	J Blaeck (CNS)
26/06/2018	3	KB Lindrea (CNC), LOPS Committee

MRI - MedVac Infant Immobiliser

RHW CLIN041

14/03/2024	4	E Jozsa (CNS), KB Lindrea (CNC), Endorsed by NCC CBR Committee Endorsed BRGC 23.4.24
------------	---	--

Royal Hospital for Women (RHW)

BUSINESS RULE

Name of Business Rule	RHW CLINXXX
------------------------------	--------------------
