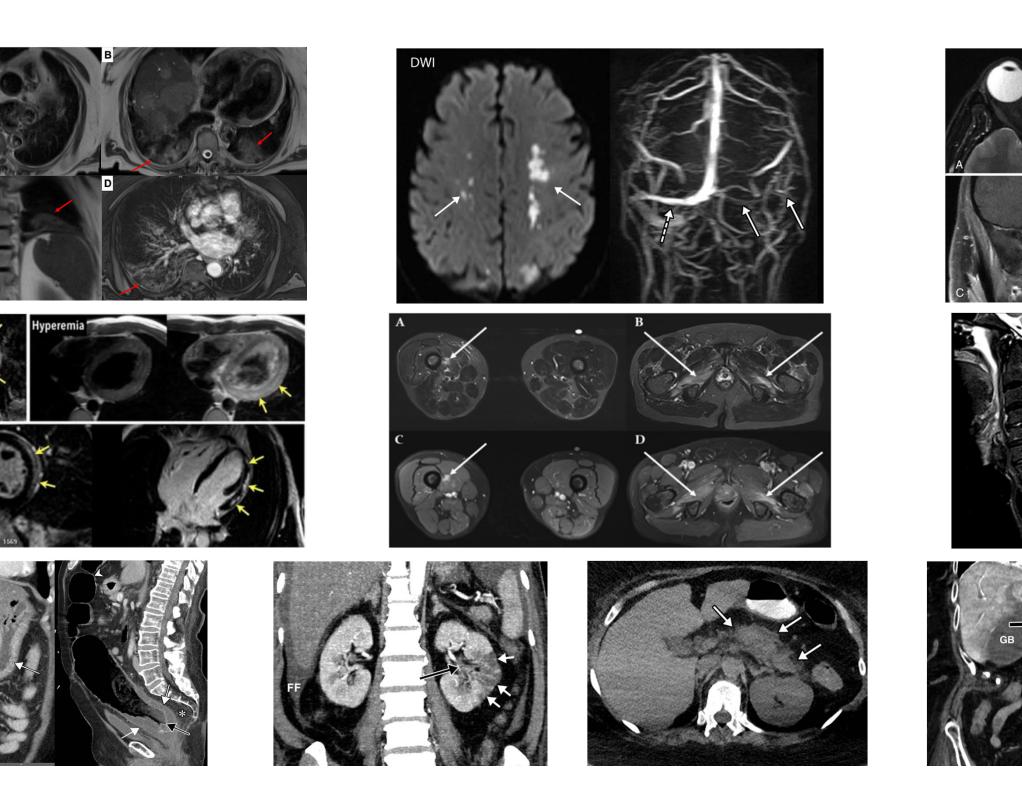
RI MEDIC TRONG ĐẠI DỊCH SARS-COV2

BS Nguyễn Thành Đăng



MỤC TIÊU

- 1. Hoạt động MRI an toàn trong mùa dịch.
- 2. Xử lý tình huống nếu có ca nghi nhiễm trong quá trình chụp MRI.
- 3. Chụp MRI với ca nhiễm Sars-Cov2.

t for Ultrasound/Echo Procedures – these are in addition to the generic guidance within this document

l of COVID- 19 heck List	Sonographer / Sonologist / echo tech	Patient Considerations	Equipment Considerations	Imaging Room or Mobile Imaging Environmental Consider				
ion, during procedure ons.	 Imaging requests should be triaged scan, can be delayed without impacting on clinical care or can be avoided until after the pandemic. As per generic advice on PPE for all in close contact, remembering that sonography involves prolonged physical contact, often in a confined space. Attempt to shorten the duration of the examination by arranging for the most experienced Sonologist / sonographer to perform the examination (ISUOG, 23.03.20) Fetal anomaly screening programmes are time critical and we should continue to offer timely screening. (RCOG guidance 24.3.20). In the event that there is insufficient staff to provide the service, scans should be prioritised in the following order: Anomaly scan at 18+0 -23+0 weeks Ultrasound +/- screening at 11+2 - 14+1 Growth scans 	 As per generic advice — patients with COVID-10 to wear mask. Schedule known Covod-19 patients last on list or last in day. Patients should be asked to attend alone Inform the patient that a detailed explanation will not be given during the examination (ISUOG, 23.03.20) 	As per generic advice. Set aside dedicated COVID-19 room / equipment / mobile / probe(s). After use with each COVID-19 patient, clean all equipment in line with the principles and advice on couch cleaning in the Appendix. Remove all prober from the unit except the ones needed for the examination when performing exams mobile or in the designated exam room in order to avoid the necessity of high-level disinfection in the event the patient coughs or sneezes within the designated distance.	 As per generic advice. Set aside dedicated COVID-19 room / equipment / n probe(s). This should be a room with air exchange exchanges per hour (WHO guidance, PHE 6.4.20) Use of single-use gel packs is recommended as oppose fillable gel containers (ISUOG, 23.03.20). Consider probe cover for non-endoluminal probes (this CDC absolute requirement (ISUOG, 23.03.20)). After use with each COVID-19 patient, clean all equip line with the principles and advice on couch cleaning Appendix. 				

	CT examination on Asymptomatic – Suspected – Confirmed COVID-19 Patients												
	Radiographer/RT Tasks		tient iderat ons	Equipment Considerations		Imaging Room Environmental Considerations							
)),	Ensure that patients and staff use the central entrance and do not enter the department without permission		Controlled arrival and Disinfection-Decontamination with the use of appropriate				Disinfection-Decontamination with the use of appropriate technique and						
3	Ensure that the trolley or stretcher is removed from examination room	the	Patien	200	CT Gantry controls and C								
pro	• When entering the CT scanner room (dirty area), wear disposable gloves. • Carefully remove the used paper cover from the CT cowithout touching your clothing and dispose of it in the corresponding bin according to hospital policy. • Ensure decontamination-disinfection of CT couch-gant keypad, CM injector control panel and surfaces / contapoints (sponges, fixing pads, knobs) by the use of a suitable disinfectant in accordance to Hospital Infection Diseases Control Committee CT manufacturer's instructions. • After disinfection/decontamination/deep cleaning, the RG/RT must visually inspect the scanning area, CT scan and auxiliary equipment without removing gloves and mask. • Must not remove your mask yet! • Carefully remove your gloves FIRST! • Dispose of them in the Clinical Waste bin (yellow hazardous contaminated waste) in accordance with the		h ke	atient eeps ma	Single use CT couch cover is removed an of into the correspondence of into the correspondence of into the correspondence of the property of the contamination-Decontamination	d dispo onding cal police Deep e of a nt in poital Contro truction ad on Velcr ioning	bin y surfaces - contact points (knobs) by to a suitable disinfectant in accordance to Hospital Info Diseases Control In case of contamination i.e. if mask is removed during a produring an Aerosol producing pensure that the CT unit exami is disinfected accordingly and ventilated adequately for 30-6 minutes (based on local practive recommendation) before the						

onance Checklist

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				MRI EXAMINATION FOR ALL	PATIEN	TS ATTENE	DING	S THE D	EPARTME	NT					
	Radiographer/RT Tasks			Patient Considerations Controlled arrival and departure of patients and			Equipment Considerations			Imaging Room Environmental Considerations					
	 Reschedule all non-urgent MRI Examinations Single patient attendance wherever possible Ensure request are categorised as urgent and justified by Radiologist with protocol agreed 					Remove all unnecessary equipment from the Preparation and scan			 Ensure high standards of infection measures at all times. Disinfection-Decontamination the use of appropriate technical 			sures at all times contamination with	s vith		
The Radiographers/ Techs within the scan room should confirm the Patients ID / MRI safety state to the Radiographer/Tech in the control room intercom.				atus etc. conti		nues to mask if		only b Non-C	y controls note used by the Contact grapher/Teo		2				
	Post procedure			All Images reviewed, processed and Immediately. Radiologist must be available to revi to the Patient being removed from tensure no additional imaging is requirement to be removed from scan root transferred from the department as After disinfection/decontamination	ew Imag he scann ired. om and soon as	es prior er to possible.	•	mask i Patien transfe still in Rapid	er- PPE	 Single use N paper cover removed an of into the correspond according to policy. Disinfection 			is d deposed ng bin	Disinfection-Deep - surfaces - contact points (a suitable disinf accordance to H Diseases Contro	(knobs) fectant Hospita

area, MRI scanner and auxiliary equipment without removing gloves and mask. In the case of positive patients, the room must be left for up to one hour due to the air flow around the MRI scanner. If the patient is not query or confirmed, then just ensure

the radiographer must visually inspect the scanning

Do not remove your mask yet!

room is dry

- management.
- Decontamination-Deep Cleaning by the use of a suitable disinfectant in accordance to **Hospital Infectious** Diseases Control Committee MRI

- - patient mask is removed procedure or during an producing procedure, e the MRI unit examining disinfected accordingly ventilated adequately for minutes (based on local recommendation) before examination.

i với nhân viên

ân chia lịch công tác hợp lý. I Covid định kỳ. Îm tra BN phải chặt chẽ hơn trước khi vào máy.

ân viên chủ yếu PPE (Personal Protective Equipment):

ı tay, khẩu trang, mặt nạ, mũ và áo choàng....

up nhanh, chính xác, trả kết quả nhanh nhất.







ng MRI (Cho BN không mắc Covid)

ng đảm bảo nhiệt độ phòng phù hợp.

g hệ thống quạt hút đủ mạnh.

ıh dùng quạt thổi.

sinh phòng hoặc chỗ nằm bằng alcohol.

thiết bị MRI lau bằng vải mềm với nước ấm.

vật dụng có thể tiếp xúc với BN phải lau chùi

sau mỗi BN làm MRI.





với BN (và người thân đi cùng) không nhiễm Covid ác có khả năng nhiễm)

n bảo BN đã qua khám sàng lọc.

ồng để BN chờ quá lâu trong phòng MRI.

bi khoảng cách tối thiểu 1m (3 feet).

ầu trang không có kim loại. (Trang bị riêng cho BN).

ng tay y tế hoặc sát trùng tay trước khi vào phòng MRI.

yi gian chụp phải nhanh nhất có thể.



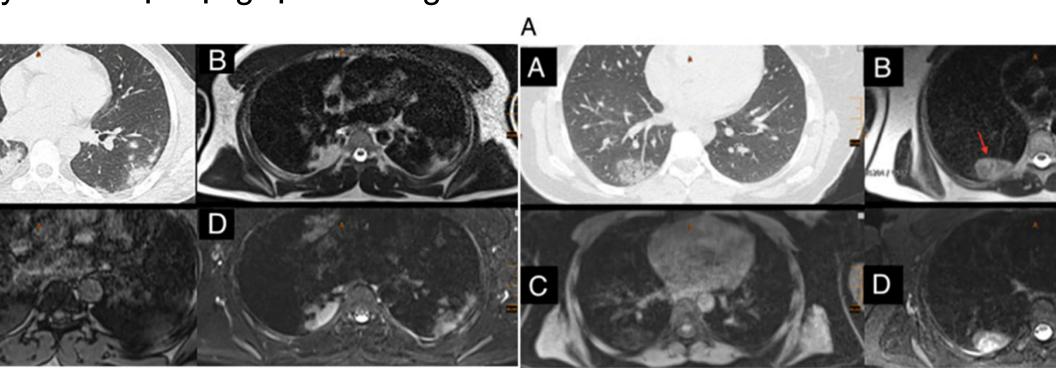


với BN nghi ngờ nhiễm covid trong quá trình chụp MRI.

chụp bụng, nên chụp 1 xung fast MRI phổi (15S) tầm soát Covid).

ng hoạt động phòng MRI và làm PCR: Dương tính:

- lý theo quy trình chung của địa phương. (HCDC).
- lý khử khuẩn ngay các thiết bị phòng MRI.
- ử khuẩn thực hiện phải sau 30 60 phút kể từ khi BN rời phòng MRI y MRI hoạt động lại sau 48 giờ khử khuẩn.



i với BN đã bị nhiễm Covid (MRI biến chứng Covid).

ện tại Medic và các BV chưa làm.

nay các tổ chức nghiên cứu y khoa nông khuyến cáo làm MRI cho BN (trừ trường hợp thật sự cần thiết). niết bị bảo hộ chuyên biệt cho BN. náy điều hòa và quạt thông gió khi

sau khi rời khỏi phòng từ 30 – 60 phút ến hành khử khuẩn.

cả các bộ phận của máy MRI tiếp xúc nh nhân đều được bao phủ bởi các ne dùng một lần, cho mỗi bệnh nhân.



References

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ns-in-the-mri-room/
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- ://www.isrrt.org/pdf/NEW_ISRRT_COVID_19_Response_document_052020.pdf
- ://www.acr.org/Clinical-Resources/Radiology-Safety/MR-Safety/COVID-19-and-M
- ://www.ncbi.nlm.nih.gov/pmc/articles/PMC7462889/
- ://www.researchgate.net/publication/344417351 Magnetic resonance imaging coronavirus disease 2019 COVID-19 pneumonia The first preliminary case se