**Deferral of outpatient, nonurgent MRI examinations during COVID-19 pandemic.**

**Rationale:**

In accordance with statements from the American College of Radiology and guidance from the MA DPH, Governor of Massachusetts and Centers for Disease Control, the Department of Radiology at Lowell General Hospital and its affiliate facilities will reschedule routine, nonurgent examinations during the COVID-19 crisis to the extent that is possible and feasible. The reasons for deferring these examinations include:

**-To reduce patient and provider contact as part of the strategy of social distancing** to mitigate rate of disease spread

**-To reduce need for staffing of nonurgent procedures and imaging in order to best distribute our critically needed health care staff/providers.**

- **To conserve personal protective equipment (PPE).** PPE is expected to be needed by patients and providers as part of the care of patients who are ill and reducing elective imaging procedures can conserve this key resource

MRI examinations which are not urgent for clinical care should be deferred for 3 weeks (until Monday April 13th), with exceptions for any examinations deemed urgent or time sensitive and unable to be delayed for this length of time. The following guidelines are suggested for examinations which are considered generally clinically urgent and which should NOT be deferred. Additional examinations not specifically mentioned in this list may also be considered urgent and not deferred and decisions will be made on individual clinical basis. Radiologists are available for clinical consultations by contacting the Radiology Front Desk at LGH Main Campus, at (978) 937-6240.

**Musculoskeletal MRI – do not defer the following examinations:**

1. MRI for possible fracture.

2. MRI for possible bone or soft tissue infection.

3. MRI for possible Lisfranc injury

4. MRI for possible significant tendon or ligament injury that may require urgent clinical intervention - e.g. posterolateral corner knee injury, quad tendon rupture.

5. MRI of the spine for possible fracture, infection, and/or cord compression.

6. Any musculoskeletal MRI determined by referring clinician to be time sensitive or urgent.

**Abdominal MRI – do not defer the following examinations:**

1. MRCP for Acute biliary obstruction/cholangitis/cholecystitis or acute LFT abnormality
2. MRCP for acute pancreatitis.
3. MRI to rule out appendicitis in pregnant patients
4. Pelvis MRI for suspicion for acute infection in female patients (e.g. TOA) or other acute abnormality (e.g. uterine dehiscence)
5. MRA for acute dissection or ischemia in patients who cannot undergo CT
6. MRI for evaluation of suspected thrombosis.
7. Any abdominal MRI determined by referring clinician to be time sensitive or urgent.

**Thoracic MRI (non spine) – do not defer the following examinations:**

1. Any MRA for clinical suspicion of dissection or acute thrombosis or aneurysm/pseudoaneurysm (excluding routine surveillance of known aneurysm)
2. MRI of the chest intended for time sensitive evaluation of suspected malignancy
3. Any thoracic MRI determined by referring clinician to be time sensitive or urgent.

**Guidance on Oncology related MR exams (decision is based on clinical need**):

MR examinations related to oncology will require input from ordering provider. Examinations which can be safely deferred during the specified period without impacting oncologic care should be deferred. Examinations that are deemed by ordering clinician to be necessary to the management of the patient’s oncologic care and urgent or time sensitive, will not be deferred.

**Neuro (Brain, head and neck and spine) MRI – do not defer the following exams**

1. MRI for possible acute stroke or cord ischemia
2. MRI for possible mass
3. MRI of the spine for acute concern including suspicion for infection, acute fracture, any neurological deficit
4. MRA/MRV for any acute evaluation related to clinical concern for acute vascular process
5. Perioperative (pre or postoperative) Brain MRI
6. Any MRI of the brain, neck or spine determined by referring clinician to be time sensitive or urgent.