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Sedation for MRI and CT scanning

We do NOT prescribe sedatives for patients undergoing radiological procedures eg CT scans or MRI scans

Prescription of Sedatives for Radiological Procedures

We do **NOT** prescribe sedatives for patients undergoing radiological procedures such as CT scans or MRI scans.

Patient Inquiries

Patients often ask if sedatives can be prescribed before radiological procedures (e.g., CT or MRI scans). It is important to note that it is **NOT safe** for GP practices to prescribe sedatives for these purposes.

Safe and Effective Sedation

Sedation and analgesia should only be provided by a **trained and credentialed team** that has access to anaesthetics, pre-procedure assessment, a sedation plan and checklist, appropriate monitoring, and resuscitation equipment, along with reversal agents, as outlined in the [Royal College of Radiologists' guidelines](#) for sedation, analgesia, and anaesthesia in the radiology department.

Safety Concerns

- **Patient Monitoring:** Sedated patients should be monitored regularly. There have been instances where a sedative prescribed by a GP was not followed by proper monitoring, leading to severe consequences such as respiratory arrest in an MRI machine.

Considerations for GP Practices

Practices are **not required** to prescribe sedatives, and there are several key points to consider:

- **Ineffective Sedation:** A 2mg dose of diazepam (benzodiazepine) is typically sub-therapeutic for most adults and may not effectively sedate the patient. Furthermore, anxiolytics can have **idiosyncratic responses** in patients, and even small doses may cause **agitation** in certain individuals.
- **Timing Issues:** Patients might take a sedative an hour before the procedure, only to find that the procedure has been delayed, making the sedative timing less effective.
- **Lack of GP Expertise:** GPs are not regularly trained or appraised in sedation techniques.
- **Hospital Consultants' Role:** Hospital consultants, who request and perform imaging, have the same prescribing capabilities as GPs. If a patient requires medication to proceed with an investigation, the consultant is better positioned to prescribe it, either through the hospital pharmacy or a hospital prescription.

[Guidelines from the Royal College of Radiologists](#)

The **Royal College of Radiologists** makes no mention of GP involvement in the provision of low-dose anxiolytics. The College stresses the importance of **well-trained staff** and proper patient monitoring, as detailed in their guidelines:

“Safe and effective analgesia and sedation should be delivered by an appropriately trained and credentialed team with good access to anaesthetics, pre-procedure assessment, sedation plan and checklist, with appropriate monitoring and availability of resuscitation equipment and reversal agents.”



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Conclusion

To avoid situations where patients are inadequately sedated or unmonitored, particularly when the sedation provided by general practice is not known to the procedure team, we **decline all requests** for sedative prescriptions, even if the hospital suggests doing so. When making a referral for imaging, it may be helpful to indicate on the referral form that an assessment for additional support during the procedure by the radiology team may be beneficial.

If you think you may struggle with the scan

Please let your GP know in advance if you are worried about tolerating the scan — for example due to anxiety, claustrophobia, mobility issues, or communication needs. Your GP can include this information on the referral form so the imaging department can make any necessary adjustments or support arrangements before your appointment.