

Angiogram

(with or without angioplasty and/or stent placement)

1. **Labs required: PT/INR, PTT, CHEM 7, CBC.** Labs have to be as recent as 48hrs. If the patient's condition or medication requires daily labs, these labs should be drawn early enough on the day of the procedure to allow time for results to come available prior to the patient going to the Imaging Dept. You will need to obtain orders accordingly.
2. **Diet:** The patient will be able to have clear liquids after midnight then change to NPO 4 hours prior to transport to the Imaging Dept.
3. **Medications:** We prefer the patient receives his/her AM meds especially antihypertensive and cardiovascular medications (excluding anticoagulants and diuretics) as scheduled or send the medication with the patient to Imaging if schedules overlap. You will need to obtain an order for withholding anticoagulants and diuretics (and other meds as indicated).

If the patient's condition requires the diuretic not be withheld, you will need to obtain an order for a urinary catheter.

Due to the use of a contrast media, we usually advise a patient not to take his/her AM Metformin/Glucophage. However, the procedure will not necessarily be rescheduled if these meds are given. The post procedure orders will cover withholding these meds.

Insulin orders should be obtained from the patient's physician.

***Please note:** These are medication guidelines for the Imaging Dept. If the patient's physician gives different orders, let the Imaging nurse know prior to the patient being transported to the department so the radiologist can be informed.

4. **If the patient has a history of contrast (dye) allergies, the following information should be obtained from the patient:**

- *what type of reaction (e.g., Hives, shortness of breath, anaphylaxis, etc.)
- *treatment given at the time of the reaction
- *name of the procedure causing the reaction
- *date of the reaction

Inform the Imaging nurse, and pre-treatment orders may be given.

5. The patient will need to know he/she will be required to lie flat and keep the affected leg or arm straight for 6-8 hrs post procedure. The patient may want to make arrangements to have a visitor in the room post procedure to help. Pulmonary angiograms require only 2 hrs.
6. If the patient is unable to give informed consent, please have the appropriate designee available to give consent, either by phone or in person.

An Imaging nurse can be reached at x5280, M-F, 7am – 7pm. After hours, the on- call nurse can be paged by calling the Imaging Front Office at x4455.

AV Fistulogram

(with or without angioplasty)

1. **If the patient feels anxious and would like IV sedation during the procedure, obtain an order to keep the patient NPO for 4hrs prior to transport to the Imaging Dept. If there is not enough time, the Imaging nurse just needs to know the time the patient last ate or drank anything.**
2. **Medications: usually not held.**
***Orders will need to be obtained for holding anticoagulants.**
3. **Labs: not required unless the patient is on anticoagulant therapy. If the PT/INR and PTT are as current as the day of the procedure, orders will not be needed for a * recheck**
4. **Recovery time varies depending on the method for resolving the occlusion. The patient should be prepared to keep the affected extremity straight and still for about 1 hour after hemostasis.**
5. **If the patient is unable to give informed consent, please make sure the appropriate designee is available to give consent, either by phone or in person.**

An Imaging nurse can be reached at x5280, M-F, 7am-7pm. After hours, the on-call nurse can be paged by contacting the Imaging front office at x4455.

* If the patient is on anti-coagulant therapy, labs are required the day of the procedure. The Radiologists will not accept anything older.

Bone Densitometry

Imaging Services Bone Densitometry	Prep Instructions
Bone Density Studies	No barium studies 7 – 10 days prior to exam. No pants or dresses with metal zippers or snaps. No underwire bras.



Gwinnett
Medical Center
Lawrenceville • Duluth

Bowel Prep Instructions

Purchase at the Pharmacy: 4 Dulcolax (Bisacodyl) 5 mg tablets, 8.3 ounce (238 gram) bottle of Miralax, and a 64 ounce bottle of Gatorade or Powerade (Lemon-lime or clear, no Red or Purple drinks). You may also want to purchase some Tucks Medicated Pads or a small tube of Anusol hydrocortisone cream if you have hemorrhoids (hemorrhoids may become irritated as a result of this bowel preparation.)

Two Days Before Your Procedure: Discontinue psyllium stool softeners such as Metamucil, Citrucel, and Fibercon. Discontinue foods high in roughage such as oatmeal, bran, shredded wheat, wheat cereal, fresh fruits and vegetables.

One Day Before Your Procedure: Drink plenty of clear liquids for breakfast, lunch, and dinner. No solid food. Clear liquids include water, non-pulpy juices (apple, white grape, cranberry, lemon), Gatorade or Powerade (Lemon-lime or clear, no Red or Purple), clear broth or bouillon, coffee with creamer, tea, Jell-O, popsicles, soft drinks, ginger ale, and Ensure or Boost supplement drinks (**NOT Ensure or Boost *with fiber***).

1:00 p.m.: Begin drinking at least 8 ounces of clear liquid per hour until bedtime.

3:00 p.m.: Take **2** Dulcolax tablets with 8 ounces of clear liquid.

5:00 p.m.: Mix the bottle of Miralax in the 64 ounce bottle of cold Gatorade or Powerade and shake until dissolved. Drink an 8 ounce glass of the Miralax solution every 10-15 minutes until the solution is gone. Individual responses to the bowel prep may vary. The prep may take anywhere from 30 minutes to 3 hours to begin working. Please remain close to a bathroom.

8:00 p.m.: Take the last **2** Dulcolax tablets with 8 ounces of clear liquid.

Nothing to eat or drink after midnight (not even water).

DAY OF YOUR PROCEDURE: **Do Not Eat Breakfast or Drink Anything.** You may take your usual morning doses of prescription medicines the morning of your procedure with a small sip of water.

Diabetic patients: Take only half your dose of diabetic medicine the day before your procedure and no diabetic medicine the day of your procedure. Please verify this change in insulin dosage with your physician that prescribes insulin for you.

Contraindicated Medication List for Myelograms

Phenothiazine & Derivatives

Acetophenazine – **tindal**
Butaperazine – **repoise**
Carphenazine – **proketazine**
Chlorpromazine – **thorazine**
Fluphenazine – **peramitol, prolixin**
Mesoridazine – **serentil**
Methdilazine – **dilosyn, tacaryl, tacryl**
Methotrimeprazine – **levoprome, levonormal, neurocil, nozinan, procrazine, sofmin, tiscerin, veractil**
Perazine – **taxilan**
Pericyazine – **neulactil, nemactil, neuleptil**
Perphenazine – **trilafon, decentan, fentazin, perefenil, phenazine, trilifan (multi-ingred: elavil plus, etrafon, mutabon, triamed, triavil, triptafen)**
Pimozide – **dipiperon, piperonil**
Piperacetazine – **quide**
Pipothiazine – **piptortil, lonseren**
Prochlorperazine – **compazine, buccastem, anti-naus, mitil, nibromin, scripto-metic, stemetil, tementil, vertigon**
Promazine – (sparine, prozine)
Promethazine – **phenergan, atosil, avomine, fenazil, fenergan, ganphen, histantil, promet, promine, prothazine, quadnite, remsed, sayomol, sominex, v-gan, zipan, (multi-ingred: maxigesic, mediside, pamergan, panadol w/ promethazine, panquil, phensedyl, promatussin, prometh,**

Propiomazine – **largon**
Thiethylperazine – **torecan**
Thiopropazate – **dartal**
Thiopropazine – **mayeptil**
Thioridazine – **melleril, meleril, mellaril mellerette, malloral, novoridazine, thioral**
Trifluoperazine – **stelazine, calamazine, clinazine, eskazine, pentazine, solzaine, terfluzine, trifluran, tripazine**
Triflupromazine – **vesprin, psyquil, siquil**
Trimeprazine – **temaril, vellergan, nedeltran repeltin, theralin, variargil**

Tricyclic Antidepressants

amitriptyline – **amitril, elavil, endep, triavil, limbitrol**
amoxapine - **asendin**
butriptyline - **evadine**
cianopramine
clomipramine – **anafranil**
desipramine – **norpramin, pertofrane, nebril, nortimil**
dibenzepin – **depres, noveril**
doxepin – **sinequan, adapin,**
imipramine – **janimine, tofranil**
maprotiline - **ludiomil**
nortriptyline – **aventyl, pamelor**
protriptyline - **vivactil**
trimipramine - **surmontil**

Monoamine Oxide Inhibitors

clorgyline - **selegiline**
furazolidone - **furoxone**
isocarboxazid - **marplan**
pargyline - **eutonyl**
phenelzine - **nardil**
procarbazine – **matulane, natulan**
tranylcypromine - **parnate**

CNS Stimulants & Analeptics

almitrine - **vectarion**
amipheazole - **daptazile**
ammonia – **aromatic ammonia spirit,usp sonergan, tixylix**
amphetamine - **biphetamin**
bemegrade - **bemegrin**
benzphetamine - **didrex**
caffeine – **caffeine and sodium benzoate**
chlorphentermine – **pre-state, desopimon**
deanol – **deaner, acerbral, arinol, cleregil**
dextroamphetamine - **dexedrine**
diethylpropion – **tenuate, tepanil, dietec, nobesine, propion**
doxapram - **dopram**
fenfluramine -**pondimin**
lobeline - **nikoban**
mazindol – **sanorex, mazanor**

CNS Stimulants & Analeptics (continued)

Methamphetamine – **desoxyn, methampex, (multi-ingredient: mediatric, phelantin).**
Methylphenidate – **ritalin**
Nikethamide – **coramine – respiratory stimulant**
Pemoline – **cylert, phenylisohydantoin**
Pentylentetrazol – **metrazol**
Phendimetrazine – **adipost, bontril, melfiat, metra, neocurb, obalan, obezine, phenazine, plegine, pt 105, statobex, trimcaps, trimstat, trimtabs, wehless.**
Phenmetrazine – **preludin**
Phentermine – **adipex, dapex, fastin, Ionamin, obephen, oberamine, obestin, Phentride, t-diet.**
Strychnine
Pictroxin

CT

Computed Tomography

Imaging Services	Prep Instructions
CT Department	*see special restrictions re: Metformin/Glucofage
For all Patients having a CT:	<ul style="list-style-type: none"> ➤ Patients should wear loose, comfortable clothing without metal zippers and/or metal buttons or embellishments. ➤ Patients should leave their jewelry at home. ➤ Patients should bring a list of current prescriptions and Over-the-Counter medications with them. ➤ Patients should know or bring their medical history with them and be prepared to fill out history questionnaire.
A Special Note about Lab Results:	All Contrast exams require GFR or Creatinine results be no greater than 7 days old. If there is not a current GFR or Creatinine, a Point of Care GFR will be performed prior to the CT exam in the CT Dept.
CT of Head without Contrast	No special prep.
CT of Head with Contrast (IV)	Bun/Creatinine or GFR within normal limits.
CT of Orbits without Contrast	No special prep.
CT of Orbits with Contrast (IV)	Bun/Creatinine or GFR within normal limits.
CT IAC Temporal Bone w/ Contrast(IV)	Bun/Creatinine or GFR within normal limits.
CT IAC Temporal Bone without Contrast	No special prep.
CT Maxillary Facial without Contrast	No special prep.
CT of Mandible with Contrast (IV)	Bun/Creatinine or GFR within normal limits.
CT of Mandible without Contrast	No special prep.
CT of Sella Turcica with Contrast	Bun/Creatinine or GFR within normal limits.
CT of Sinus	No special prep.
CT of Neck	Bun/Creatinine or GFR within normal limits.
CT of Chest without Contrast	No special prep.
CT of Chest with Contrast (IV)	Bun/Creatinine or GFR within normal limits.
Chest CT Angio	Bun/Creatinine or GFR within normal limits.
CT Abdomen with Contrast (IV and Oral)	Bun/Creatinine or GFR within normal limits. Oral contrast 1 hour prior to exam. Or if diagnosis is related to small bowel, (i.e. Crohns, IBS) patient must arrive 1 ½ hours prior to exam to receive Barium-based oral contrast.
CT Abdominal Aorta with Contrast (IV)	Bun/Creatinine or GFR within normal limits.
CT Abdomen and Pelvis W/ & W/O Contrast	Bun/Creatinine or GFR within normal limits. Oral contrast 2 hour prior to exam. Or if diagnosis is related to small bowel, (i.e. Crohns, IBS) patient must arrive 2 ½ hours prior to exam to receive Barium-based oral contrast.
CT of Pelvis without Contrast	No special prep.
CT of Pelvis with Contrast (IV and Oral)	Bun/Creatinine or GFR within normal limits. Oral contrast 2 hour prior to exam. Or if diagnosis is

	related to small bowel, (i.e. Crohns, IBS) patient must arrive 2 ½ hours prior to exam to receive Barium-based oral contrast.
CT Abdomen and Pelvis with Contrast (IV and Oral)	Bun/Creatinine or GFR within normal limits. Oral contrast 2 hour prior to exam. Or if diagnosis is related to small bowel, (i.e. Crohns, IBS) patient must arrive 2 ½ hours prior to exam to receive Barium-based oral contrast.
CT Pelvimetry	If Ultrasound is requested on same day, US should be performed first
CT of Cervical Spine with Contrast (IV)	Bun/Creatinine or GFR within normal limits.
CT of Cervical Spine Post Myelogram	Must be performed one-hour post myelogram.
CT of Cervical Spine without Contrast	No special prep.
CT of Thoracic Spine without Contrast	No special prep.
CT of Thoracic Spine Post Myelogram	Must be performed one-hour post myelogram.
CT of Lumbar Spine without Contrast	No special prep.
CT of Lumbar Spine Post Myelogram	Must be performed one-hour post myelogram.
CT of Extremities with Contrast (IV)	Bun/Creatinine or GFR within normal limits.
CT of Extremities without Contrast	Must have extremity X-rays prior to CT.
Radiation Therapy with Contrast (IV)	Bun/Creatinine or GFR within normal limits.
CT-Guided Biopsies	Please Refer to Biopsy Prep Sheet.
CT Drainage/Aspirations	See Drainage Prep Sheet.
S.I./Facet/Paravertebral Injections	Must know level and side of injection
Stereotactic Brain Biopsy Seed Implant IV	Scheduled through Surgery Dept. Contact OR for special preps.
Brain Biopsy (IV)	Scheduled through Surgery Dept. Contact OR for special preps.
Celiac Block (IV)	Bun/Creatinine or GFR within normal limits.
<u>Contraindications for IV contrast:</u>	If any of these contraindications are present, contact the CT Department for recommendations from radiologist.
1. Past allergic reaction to iodinated contrast media	
2. Acute renal insufficiency	
3. CHF	
4. Pheochromocytoma	
5. Multiple myeloma	
For CT-guided biopsies, patients must have *current results on the following labs: PT/PTT	*If the pt. is on anticoagulants or has other conditions which prolong bleeding, PT/INR and PTT results need to be the day of the procedure. If none of these are present, one (1) week prior to the day of the procedure is current enough.
For patients with surgical biopsy, e.g., tumor or lesions: no lab work required.	
Biopsy patients should have a *light breakfast and should be NPO Four (4) hours prior to procedure	Oral contrast must be obtained and given to the patient no less than one hour prior to the exam.

* Light Breakfast = nothing heavier than 1 slice of toast, banana or apple (non-acidic fruit) and clear juice or coffee w/o cream * Metformin/Glucophage should be held for 48 hours post exam

Diagnostic Imaging Department

Imaging Services Diagnostic Imaging Department	Prep Instructions
Arthrogram	* see special restrictions re: Glucophage No Special Prep. If MRI is scheduled to follow, check MRI screening requirements.
Barium Enema (BE) - Pediatric > 25 lbs. ----->	Must complete bowel prep instructions. No barium studies five days prior to exam. <u>Day Before Exam</u> – - Clear liquids (no-pulp fruit juices, clear soups, gelatins or diet liquids) by mouth beginning after breakfast. - At 2:00 pm take Senokot® liquid. One (1) teaspoon for each 10 pounds of body weight. - NPO after midnight <u>Morning of Exam</u> – - Pediatric Fleet enema at 7:30 a.m. - Nothing by mouth until exam is completed
- Pediatric < 25 lbs ----->	Contact Diagnostic Fluoro supervisor prior to scheduling one of these exams on patients under 25 lbs in weight
Barium Enema with Air (ACBE) - Pediatric < 17 years of age	Must complete bowel prep instructions.. No barium studies five days prior to exam. Must be cleared by Radiologist
Barium Enema, Ostomy/Pouchogram	<u>For Ostomy Portion:</u> Must complete bowel prep instructions. No barium studies five days prior to exam. <u>For Pouchogram/Rectal Portion:</u> No Special Prep
Barium Swallow (BS, BaSw) - Pediatric > 25 lbs. - Pediatric < 25 lbs.	NPO after midnight prior to exam. NPO after midnight prior to exam NPO 4 hours prior to exam
Blood Patch	Light breakfast day of exam. No blood thinners.
Chest Fluoro (Sniff Test)	No special prep.
Cisternogram, NM or Contrast	Light breakfast day of exam. No blood thinners. No Iodine contrast allergies.
ERCP (Endoscopic Retrograde Cholangiopantography)	No barium studies 2-3 days prior to exam.
Gallbladder	(These studies are no longer performed at any GHS facility)
Hysterosalpingogram (HSG)	Must be within 7-10 days of start of menstrual period. Must have negative pregnancy test if intercourse has occurred since last menstrual period.
Intravenous Pyelogram/Urogram (IVP)*	Must complete bowel prep instructions. Bun and Creatinine or GFR must be within normal limits and must have been done in the last 7 days. If no current GFR is

<p>- Pediatric > 25 lbs. -----></p> <p>- Pediatric < 25 lbs. -----></p>	<p>available, a Point of Care GFR will be done just prior to the exam.</p> <p><u>Day Before Exam –</u></p> <ul style="list-style-type: none"> - Clear liquids (pulp-free fruit juices, clear soups, gelatins or diet liquids) by mouth beginning after breakfast - At 2:00 pm take Senokot® liquid. One (1) teaspoon for each 10 pounds of body weight. - NPO after midnight <p><u>Morning of Exam –</u></p> <ul style="list-style-type: none"> - Pediatric enema at 7:30 a.m. - Nothing by mouth until exam is completed <p>Contact Diagnostic Fluoro supervisor prior to scheduling one of these exams on a patient under 25 lbs in weight</p>
Lumbar Puncture	No recent barium exams (3-5 days prior). No blood thinners.
Modified Barium Swallow (MBS)	No special prep.
Myelogram*	No recent barium exams (3-5 days prior). No blood thinners. No Iodine contrast allergies.
Retrograde Urethrogram (RUG)	No special prep.
Small Bowel Enteroclysis (SBE)	Must complete 24-hour Fleet prep kit.
Small Bowel Series (SBS)	No chewing gum, or smoking eight (8) hours before exam. NPO after midnight prior to exam.
T-Tube Cholangiogram	NPO after midnight prior to exam
Upper GI Series (UGI) - Pediatric > 25 lbs. ----- → - Pediatric < 25 lbs. ----- →	NPO after midnight prior to exam. NPO after midnight prior to exam NPO 4 hours prior to exam
VCUG (Voiding Cystourethrogram) → - Pediatric > 25 lbs. ----- - Pediatric < 25 lbs. ----->	No special prep. <p><u>Day Before Exam –</u></p> <ul style="list-style-type: none"> - Clear liquids (no-pulp fruit juices, clear soups, gelatins or diet liquids) by mouth beginning after breakfast. - At 2:00 pm take Senokot® liquid. One (1) teaspoon for each 10 pounds of body weight. - NPO after midnight <p><u>Morning of Exam –</u></p> <ul style="list-style-type: none"> - Pediatric enema at 7:30 a.m. - Nothing by mouth until exam is completed <p>Contact Diagnostic Fluoro supervisor prior to scheduling one of these exams on a patient under 25 lbs in weight</p>
Venogram*	Check for iodine allergies.

Diskogram

Contrast is injected into the suspected disk space(s) to evaluate which disk(s) is causing the patient's pain. This procedure is uncomfortable since minimal pain medication is administered during the procedure so the patient's pain will not be masked. Pain medication is administered as soon as possible when the procedure is completed.

- 1. Labs are not needed unless the patient is on anticoagulants. In this case, orders will need to be obtained for a PT/INR and PTT. These labs need to be as current as the day of the procedure.**
- 2. The patient will be able to have a "light" breakfast.**
- 3. The patient will need to know that he/she will not be given pain medication for 4 hours prior to the procedure. On arrival to the Imaging Dept., the Imaging nurse will administer minimal amounts of pain medication as described above. Generally, routine medications, excluding pain meds and anticoagulants, are not withheld prior to the procedure. For patients on anticoagulant therapy, you will need to obtain orders for withholding the medication.**
- 4. I.V. access will be needed to administer antibiotics pre-procedure and pain meds post procedure.**
- 5. The patient's back will need to be scrubbed the night before with Hibiclens, Phisoderm or comparable cleanser. The patient or a family member can do this.**
- 6. Some patients bring outside MRI films, which are needed, for the procedure. Be sure these films are transported with the patient to the Imaging Dept.**
- 7. If the patient is unable to give informed consent, be sure the appropriate designee is available to give consent, either in person or by phone.**

An Imaging nurse can be reached at x5280, M-F, 7am-7pm. After hours, the on-call nurse can be paged by contacting the Imaging front office at x4455.

Drug Interactions with Contrast Agents

The following drugs are contraindicated in patients receiving parenteral iodinated contrast media:

Do not give the following drugs 48 hours before a procedure and 24 to 48 hours after the procedure.
(see special notes on “Antidiabetic” drugs)

Classes of drugs:

1. Antidiabetic
2. CNS stimulants (appetite suppressants and drugs to treat ADD/ADHD)
3. Antidepressants (tricyclic and MAO inhibitors)
4. Phenothiazine derivatives
5. Psychoactive agents (analeptics, tranquilizers, and antipsychotics)

Antidiabetic

- * Avandamet
- * Metaglip
- * Metformin
- * Glucovance
- * Glucophage (see notes below)

Antidepressants

Amitriptyline (**elavil, endep**)
Amoxapine (**asendin**)
Chlordiazepoxide/amitriptyline (**limbitrol**)
Despiramine (**norpramin, pertofrane**)
Doxepin (**sinequan, adapin**)
Imipramine (**tofranil**)
Meprobamate/benactyzine (**deprol**)
Maprotiline (**ludiomil**)
Nortriptyline (**aventil, pamelor**)
Perphenazine/amitriptyline (**etrafon, triavil**)
Phenelzine sulfate (**nardil**) maoi
Protriptyline (**vivactil**)
Tranlycypromine sulfate (**parbate**) maoi
Trazodone (**desyrel**)
Trimipramine (**surmontil**)

Analeptics, tranquilizers, misc.

Cyclobenzaprine (**flexeril**)
Ethopropazine (**parsidol**)+
Promethazine (**phenergan**)+
Propiomazine (**largon**)+
Trimeprazine (**temaril**)

CNS stimulants

Methylphenidate (**ritalin**)
Diethylpropion (**tenuate**)
Phenmetrazine (**preludin**)
Pemoline (**cylert**)
Phentermine (**ionamin, fastin**)

Antipsychotics

Acetophenazine (**tindal**) +
Chlorpromazine (**thorazine**) +
Fluphenazine (**prolixin, permatil**) +
Haloperidol (**haldol**) +
Lithium (**eskalith, lithane, lithobid, lithonate**)
Loxapine (**loxitane**)
Mesoridazine (**serentil**) +
Molindone (**moban**) +
Perchlorperazine (**compazine**) +
Promazine (**sparine**) +
Thiethylperazine (**torcan**) +
Trifluoperazine (**stelazine**) +
Trifluopromazine (**vesprin**) +
Thioridazine (**mellaril**) +
Thiothixene (**navane**) +

* These pharmaceuticals all contain Metformin and should be held for 48 hours POST exam
+ Phenothiazine derivatives

Gastric Tube Placement/Exchange

- 1. Labs are not usually ordered unless the patient is on anticoagulant therapy or the patient's condition indicates the need (i.e., diagnosis that decreases platelets). Results need to be as current as the day of the procedure.**
- 2. Be prepared to keep the patient NPO for 4 hours prior to the procedure. This will include tube feedings.**
- 3. Usually, routine medications are given, excluding anticoagulants. You will need to obtain an order for withholding anticoagulants.**
- 4. I.V. access will be needed for antibiotics, pain meds, I.V. fluids**
- 5. If the patient is unable to give informed consent, please make sure the appropriate designee is available, either in person or by phone.**

An Imaging nurse can be reached at x5280, M-F, 7am-7pm. After hours, the on-call nurse can be paged by contacting the Imaging front office at x4455.

Mammography

Imaging Services Mammography Department	Prep Instructions
<p>All Mammograms*</p> <p>* (Please see additional notes regarding mammography procedures below)</p>	<ul style="list-style-type: none"> ❑ Patient must not wear any body powder, perfume, lotion, or deodorant in breast area or under arms. (Should the patient want to wear deodorant to the exam, a washcloth will be provided for removal of it prior to the exam. Deodorant may be reapplied after exam is complete.) ❑ Wear two-piece, comfortable clothing. ❑ Due to the nature of the exam, children will not be allowed in the exam room. We do not have staffing or accommodations to care for children.
<p>Drainages, Aspirations, Needle Localizations, Biopsies</p>	<p>Contact Call-Back Scheduler</p> <p>@ GWP or OCGMCD.</p>

*** If patient has outside films (from any facility other than GWP, GOC or Webb Center), they MUST bring them at the time of their appointment.**

****Patient must bring written order from the doctor's office or have order faxed to Paper Vision (678-442-9736) prior to arrival for exam.**

NOTE: If patient arrives for an exam without an order or faxed order is not found in Paper Vision, the patient will experience a delay in processing.

MRI

Magnetic Resonance Imaging

Imaging Services MRI Department	Prep Instructions
<p>NOTE: If possible convert IV's to INT. If fluids need to be continued, be sure it has extension tubing. <u>No IV pumps are allowed in MRI.</u> If patient is receiving heparin or other critical drugs, obtain order to be off drip during exam or obtain order to delay.</p>	<p>* No special preps for exams; however, patients must go through MRI screening procedure.</p>
MRI Screening Questions	Precautions
<p>1. Have you ever been a machinist, welder, or metalworker? If so, have you ever had metal removed from your eye(s)?</p>	<p>If yes, patient must have orbit clearance x-rays performed prior to the MRI.</p>
<p>2. Have you ever been hit in the eye with a piece of metal (including metal shavings, slivers, bullets or BBs)?</p>	<p>If yes, patient must have orbit clearance x-rays performed prior to the MRI.</p>
<p>3. Are you pregnant or possibly pregnant?</p>	<p>If yes, the exam must be cleared through the MRI Department.</p>
<p>4. Do you have a pacemaker, defibrillator, neuro (nerve) stimulator or bone stimulator?</p>	<p>If yes, an MRI exam <u>must not be performed</u> under any circumstances.</p>
<p>5. Do you have chest wires, implanted catheters or tubes?</p>	<p>If yes, the exam must be cleared through the MRI Department.</p>
<p>6. Do you have a cardiac valve prosthesis, (artificial heart valve), brain or aneurysm clip?</p>	<p>If yes, you must obtain manufacturing information. The patient should have a card containing the necessary information. You must call the MRI Department to have the exam cleared.</p>
<p>7. Do you have an eye or ear implant?</p>	<p>If yes, you must have the exam cleared through the MRI Department.</p>
<p>8. Do you have any internal metal (shrapnel)?</p>	<p>If yes, you must have the exam cleared through the MRI Department.</p>
<p>9. Are you claustrophobic?</p>	<p>If yes, special arrangements may need to be made when scheduling appointment (i.e. sedation, specialized MRI Unit, etc.)</p>

Nephrostomy Tube Placement/Exchange

Nephrostomy is the insertion of a tube through the skin into the kidney to drain urine when the normal path to the bladder is blocked. The patient will be positioned on his/her abdomen for this procedure. The patient will be heavily sedated for the insertion/exchange.

***Please Note: Drainage will be red tinged the first day and usually clears up by the second or third day post insertion.**

- 1. Labs: Orders should be obtained for PT/INR, PTT, CBC, CHEM 7 if the available results are older than the morning of the procedure.
*Labs are not needed for tube exchanges.**
- 2. The patient will be NPO 4 hours prior to the procedure. This is due to sedation the patient will receive.**
- 3. Meds: Usually medications are not withheld with the exception of anticoagulants. You will need to obtain orders for withholding these medications.**
- 4. I.V. access will be needed administration of antibiotics, sedation, I.V. fluids.**
- 5. If the patient is not able to give informed consent, please have the appropriate designee available to give consent, either by phone or in person.**
- 6. The patient and caregiver need to be taught proper care of the tube. Some nurses have been in serviced on these discharge instructions. However, if you need an Imaging nurse to give the instructions, please let us know as soon as a discharge date has been determined.**

An Imaging nurse can be reached at x5280, M-F, 7am-7pm. After hours, the on-call nurse can be paged by calling the Imaging front office at x4455.

Non-Tunneled Catheter Insertion/Removal

Non-tunneled catheters are used for long-term IV access or when a central line is needed to give potentially caustic meds or chemotherapy (e.g., Pass Ports).

1. **Labs:** For oncology patients, patients on anticoagulant therapy, or other indications, results for a PT/INR, PTT, CBC, CHEM 7 that are no older than the day of the procedure.
2. If the patient is anxious and would like sedation during the procedure, please inform the Imaging nurses.
3. **Diet:** light breakfast/lunch depending on the scheduled time of the procedure. ****If sedation is indicated, the patient will need to be NPO for 4 hours prior to the procedure/sedation.**
4. **Meds:** Usually routine medications are not withheld.

***However, if the patient is on anticoagulant therapy, orders will need to be obtained to withhold these medications. Since a contrast media (dye) may be used, we usually have patients withhold the AM dose of Metformin (Glucophage). The procedure will not be rescheduled if the AM dose was taken. Post-procedure orders will include instructions for withholding Metformin (Glucophage) for 48 hours after the procedure.**

5. If the patient is unable to give informed consent, please have the appropriate designee available to give consent, either by phone or in person.

An Imaging nurse can be reached at x5280, M-F, 7am-7pm. After hours, the on-call nurse can be paged by calling the Imaging front office at x4455.

Nuclear Medicine

Imaging Services Nuclear Medicine Department	Prep Instructions (Note: All fluids are acceptable.)
Bone Scan, Three-phase	* Must drink 32-64 oz. fluids after the injection and urinate frequently.
Bone Scan, Limited	* Must drink 32-64 oz. fluids after the injection and urinate frequently.
Bone Scan, Whole Body	* Must drink 32-64 oz. fluids after the injection and urinate frequently.
Bone Scan with ECT (Electron Computed Tomography)	* Must drink 32-64 oz. fluids after the injection and urinate frequently.
Cisternogram	No special prep.
Gastric Emptying/Reflux	NPO after midnight; must be off all medications 24 hours prior to exam.
GI Bleed Scan	No special prep.
I-131 Ablations	Must complete bowel prep instructions.
I-131 Whole Body	Must complete bowel prep instructions.
Liver Spleen Scan	No special prep.
Hepatobiliary Scan (HIDA)	NPO after midnight or 4-6 hours prior to exam. No narcotics or lipids 4-6 hours prior to exam.
Lung scan, Ventilation & Perfusion (VQ)	No special prep.
Lymphoscintigraphy	No special prep.
Miraluma Breast Scan	No special prep.
Prostascint Exam	Must complete bowel prep instructions.
Renal Scan	*Must drink 32 oz. fluids prior to exam. Must be off ACE inhibitors, Angiotensin II & diuretic medications 24-48 hours prior to exam.
Renal Scan With Lasix	*Must drink 32 oz. fluids prior to scan. Must be off ACE inhibitors, Angiotensin II & diuretic medications 24-48 hours prior to exam. If patient is on fluid restrictions and/or cannot come off medications prior to exam, approval by Radiologist is required.
Renal Scan With Vasotec	*Must drink 32 oz. fluids prior to scan. Must be off ACE inhibitors, Angiotensin II & diuretic medications 24-48 hours prior to exam. If patient is on fluid restrictions and/or cannot come off medications prior to exam, approval by Radiologist is required.
Thyroid Uptake & Scan	++ Clear all medications and vitamins with Tech/Radiologist/Imaging Nurse prior to scheduling exam. Must be off thyroid medications, shellfish & multivitamins for two weeks prior to exam.
Testicular Scan	No special prep.

* Preferably 64 ounces or enough without compromising patients' health.

++ This is done through Nuclear Medicine Department. (Only one or two inpatients per year receive this study)

PET/CT

Positron Emission Tomography & CT

Imaging Services Positron Emission Tomography (PET)	Prep Instructions
<p>ALL PET SCAN PATIENTS ARE REQUIRED TO:</p> <p><u>Examples of a meal:</u></p> <p>Bacon, eggs, ham, salad, fish and certain vegetables.</p> <p>No juices or fruit please.</p>	<p><u>Scheduling the exam:</u></p> <ul style="list-style-type: none">• Inform the scheduler if claustrophobic. If claustrophobic, patient should contact their physician for medication.• Inform scheduler of patient's weight. If the weight exceeds 500 lbs, the scan cannot be performed.• Inform scheduler if patient is on oxygen or needs a nebulizer.• Please be on time for the scheduled exam, and call the scheduling department if the appointment needs to be cancelled (678-312-3444). <p><u>Preparing for the exam:</u></p> <ul style="list-style-type: none">• Patient is not to eat anything 6 hours prior to study. No food should be eaten after midnight the day before the exam.• Refrain from eating carbohydrates and sugars with last evening meal the day before the exam. Avoid candy, chewing gum, and coffee the day of the exam.• Water is allowed the morning of the exam.• Be well hydrated and drink at least 32 ounces of water throughout the day prior to the exam. Refrain from smoking, or drinking alcohol.• Avoid strenuous activity 24 hours prior to the exam. <p><u>Having the exam done:</u></p> <ul style="list-style-type: none">• Wear warm and loose fitting clothing for the exam, avoiding metal, jewelry, and zippers. Inform PET scan personnel if patient has had a mastectomy.• Please note that the PET scan process, from registration to the actual procedure, will take approximately 2 (two hours).• Please note that the PET scan procedure is non-invasive and painless. An IV will be applied by the technologist to allow for a "tracer" material to be injected.• Please do not bring young children or pregnant women with you to the appointment.

**ADDITIONAL
INFO FOR PATIENTS
ON INSULIN:**

** Please note that patients may be taking insulin even though not diabetic. (Polycystic Ovarian Syndrome, etc.)

Scheduling the exam:

- Inform the scheduler if taking insulin, and if medications are required to control diabetes, noting whether the patient is on **Insulin** or **oral medications**. Diabetic patients that are diet-controlled do not require special preparation **other than fasting**.
- Inform the scheduler if taking insulin for other medical reasons.

Preparing for the exam:

- **If diabetic**, imaging is usually performed in the morning before first meal and before taking insulin or diabetic medication. If the patient needs to take regular insulin, it should be taken at least **6 hours** prior to the exam.
- If an **afternoon** exam is scheduled for a diabetic patient, patient should eat a light breakfast avoiding carbohydrates, sugar, and nicotine and should fast for 6 hours prior to the test. Water is allowed.

Having the exam done:

- A finger stick blood glucose level will be checked the day of the exam. The glucose level should be less than **200 mg/dl**. If glucose level is higher than 200 mg/dl, the exam **will be rescheduled**.
- Patient is informed that blood glucose levels **should not be lower than 70 mg/dL** while fasting. Patient should **not let blood glucose level go so low that it is unsafe**.

*** Weight limit is 500 pounds.

*** Patient should bring their own supply of oxygen or nebulizer.

*** If patient has had a prior PET scan performed at another facility, they should bring a copy of their scan on a CD for correlation.

PICC Insertion

A PICC line is a Central catheter placed in the upper arm and used for long-term therapy with medications that would irritate peripheral veins over an extended time.

- 1. Labs:** If the patient is on anticoagulant therapy, a PT/INR and PTT will be needed prior to the procedure. If lab results are as current as the day of the procedure, orders will not be needed for a recheck.
- 2. Diet:** If there is an indication for sedation during the procedure, the patient will need to be NPO 4hrs prior to the procedure. Otherwise, there are no restrictions.
- 3. Medications:** Usually, routine meds are not withheld. If the patient is on anticoagulant therapy, orders will be needed for withholding these meds.
- 4. Some radiologists place PICC's by using ultrasound.** Some conditions require the use of a contrast media (dye) to visualize the vein. The Imaging nurses will let you know if a peripheral I.V. is needed.
- 5. In this situation, and if possible, the patient will need to have a peripheral I.V. in the same arm where the PICC will be placed, prior to the patient being transported to Radiology.**
- 6. The catheter is usually placed in the non-dominate arm.** The patients will be taught how to care for the catheter (usually by a home health nurse), and being able to use the dominant hand will make it more convenient for the patient.
- 7. If the patient is unable to give informed consent, please have the appropriate designee available to give consent, either by phone or in person.**
- 8. The patient's chart will return with a PICC instruction booklet and an information card (the size of a credit card).** The patient is to go home with both of these. Instruct the patient or caregiver to keep the information card in his/her wallet, pocket, purse, etc., at all times.

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PTC or Biliary Tube Placement/Exchange

Contrast is injected into the liver ducts to check for blockages. Usually, a drainage tube is left in the ducts of the liver. This procedure is usually done when bile is not effectively draining into the ducts and into the small bowel causing jaundice. Patients are heavily sedated for this procedure.

- 1. Labs required: PT/INR, PTT, CHEM 7, CBC and liver function tests (liver function test is not required for tube exchanges). If these labs have been drawn during the current hospitalization and there are no indications for a recheck, the patient will not need to be retested.**
Let the Imaging nurse know if patient is on medications or other indications have occurred so the radiologist can determine what labs to re-check.
- 2. Orders will be needed for the patient to be NPO for 4 hours prior to the procedure.**
- 3. Usually, routine medications are not withheld. *However, if the patient is on anticoagulants, orders will need to be obtained for withholding these meds.**
- 4. The night before the procedure, the patient will need to scrub or be scrubbed with Betadine or Phisoderm from the right nipple to the iliac crest and from the midline anterior to midline posterior.**
- 5. IV access is required.**
- 6. Antibiotics are needed pre-procedure. If the patient is not on antibiotics, notify the Imaging nurse.**

An Imaging nurse can be reached at x5280, M-F, 7am-7pm. After hours, the on-call nurse can be paged by calling the Imaging front office at x4455.

Ultrasound

Imaging Services	Prep Instructions
Ultrasound Department	*** (See special notes for Pediatric Preps)
Abdomen Complete Ultrasound	NPO after midnight (No food or drink after midnight.) or 6-8 hours prior to exam. No barium 3-4 days prior to exam. Fat-free diet the evening prior to exam. No tube-feeding day of exam.
Abdomen Doppler Ultrasound	NPO after midnight (No food or drink after midnight.) or 6-8 hours prior to exam. No tube-feeding day of exam.
Abdomen Limited Ultrasound	NPO after midnight (No food or drink after midnight.) or 6-8 hours prior to exam. No barium 3-4 days prior to exam. Fat-free diet the evening prior to exam. No tube-feeding day of exam.
Amniocentesis with US Guidance	No special prep.
Aorta Ultrasound	NPO after midnight (No food or drink after midnight.) or 6-8 hours prior to exam. No barium 3-4 days prior to exam.
Biophysical Profile (BPP)	Drink 32-40 oz. of fluid prior to exam. Also eat a full meal one hour prior to exam. *Patient may not void until after exam.
Breast Aspiration with US Guidance	No special prep.
Carotid Ultrasound	No special prep.
Neonatal Brain	No special prep.
Non-OB Pelvic Ultrasound	Drink 32 oz. of fluid prior to exam. *Patient may not void until after exam.
Non-OB Transvaginal Ultrasound	Usually performed after pelvic. No special prep.
OB Pelvic Transvaginal Ultrasound	Usually performed after pelvic. No special prep.
OB Pelvic Ultrasound	Drink 32 oz. of fluid prior to exam. *Patient may not void until after exam.
Paracentesis/Thoracentesis	NPO minimum 4 hours prior to exam (No food or drink)
Prostate Biopsy with US Guidance	Must have PSA level prior to scan (ordered by referring MD). One cleansing enema one hour prior to exam. Check orders for antibiotics on board.
Prostate Ultrasound	Must have PSA level prior to scan. One cleansing enema one hour prior to exam.
Renal Doppler Ultrasound	NPO after midnight. (No food or drink after midnight.) No tube-feeding day of exam.
Renal Ultrasound	Drink 20 ounces of water 1 (one) hour prior to exam. Patient may NOT void until after exam.
Testicular Ultrasound	No special prep.
Thoracentesis/ Paracentesis	NPO minimum 4 hours prior to exam (No food or drink)
Thyroid/Lymph Node Biopsy with US Guidance	No blood thinners. Imaging Nurse will verify prior to day of procedure.

Thyroid Ultrasound	No special prep.
Venous Doppler (bi-lateral or uni-lateral)	No special prep.
Special notes on prep instructions for Ultrasound:	
* For Preps requiring patient to drink fluids, avoid carbonated beverages.	
<p>*** PEDIATRIC ULTRASOUND ***</p> <p>< 18 months of age</p> <p>(Please see EXCEPTIONS below)</p> <p>PLEASE NOTE: Children not scheduled for exams are permitted in waiting areas only and must be accompanied by a responsible adult at all times.</p>	<p>Have the parents withhold the last feeding prior to the appointment. Parents should bring this feeding with them to the appointment location. <u>The parents should then feed the child at the facility approximately 15 minutes prior to the appointment.</u> This is to encourage sleepiness for the baby, which will enhance Ultrasound imaging capabilities.</p>
<u>Pediatric abdomen</u> for diagnosis of “pyloric stenosis” < 18 months of age	NPO for 4 hours prior to exam. The ultrasound staff will feed the baby during the examination.
<u>Baby Hips</u>	Not performed at GMC facilities.

Vertebroplasty

Vertebroplasty involves injection of polymethyl methacrylate (PMMA) cement into the collapsed vertebra (vertebrae). This cement reinforces and stabilizes the fracture with the goal of alleviating pain and improving mobility.

1. **Labs:** PT/INR, PTT, CBC no older than 48hrs are usually requested. If the patient is on anticoagulant therapy, PT/INR, PTT need to be the day of the procedure. Orders should be obtained according to these guidelines.
2. The patient should be instructed to be NPO after midnight. If an afternoon procedure is scheduled, the patient will be allowed a *light breakfast then NPO.
3. The patient will be positioned on his/her abdomen for the procedure.
4. The patient should be prepared to remain flat and still for 3 hours post procedure. This allows the cement to set in the correct area.
5. These patients are usually discharged the next day.
6. **Meds:** It is NOT normally required to withhold routine medications *If the patient is on anticoagulant therapy, orders will need to be obtained for withholding these meds
7. I.V. access will be needed for sedation and antibiotics.
8. If the patient brought outside MRI/CT films (tests not performed at GMC), these should accompany the patient to the Imaging Department. The radiologist may get the films from the patient prior to the procedure.
9. If the patient is unable to give informed consent, please have the appropriate designee available to give consent, either by phone or in person.

* Light Breakfast = nothing heavier than 1 slice of toast, banana or apple (non-acidic fruit) and clear juice or coffee w/o cream.

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