

NUCLEAR MEDICINE

Lexiscan Stress Test (Myocardial Perfusion)

NPO 4hrs. No caffeine 12hrs (no decaf beverages either).
No aminophylline 24hrs. Must stop nitrates prior to exam.
No dipyridamole (Persantine, Aggrenox) 48hrs.

Treadmill Stress Test (Myocardial Perfusion)

No beta blockers 12hrs. Must stop nitrates prior to exam.

Note: best practice is to follow Lexiscan prep even for Treadmill patients whenever possible in case the patient cannot achieve adequate physical exercise.

Bone Scan, Brain Flow, G.I. Bleed Scan, Hemangioma, Lung (V/Q) Scan, Renal Scan, RNVG, WBC Scan

No prep required.

Many exams in Nuc Med interfere with each other due to radiopharmaceuticals used, so a wait period of 2-3 days may be necessary between studies. Only the most common exams are listed above; check with the department for others.

HIDA Scan

NPO 4-6hrs. No narcotics 12hrs.

Gastric Emptying Study

NPO 4-6hrs. No narcotics 12hrs.
Multiple other medication interferences; contact department for detailed information & scheduling.

Thyroid & Parathyroid Exams, Octreoscan, mIBG

Multiple long-term medication interferences. Contact department for detailed information & scheduling.
Radiopharmaceuticals generally not available for same-day add-on studies.

CAT SCAN

CT without Contrast

No prep required.

CT with IV Contrast

NPO 2hrs. IV may be subject to certain requirements; contact the department for detailed information.

CT with Oral Contrast

NPO after first dose of oral contrast.

MRI

MRI with IV Contrast

NPO 2hrs.

MRI Abdomen

NPO 4-6hrs.

MRI Non-Contrast, Non-Abdomen

No prep required.

ULTRASOUND

Pelvic Ultrasound

Drink at least 32oz. water beginning 1hr prior to exam, finishing 30min prior to exam. Do not empty bladder for 1hr prior (bladder should be full during the exam).

OB Ultrasound: 1st Trimester (less than 14 weeks)

Drink at least 32oz. water beginning 1hr prior to exam, finishing 30min prior to exam. Do not empty bladder for 1hr prior (bladder should be full during the exam).

Vascular Ultrasound

No prep required.

Abdominal Ultrasound

NPO 8hrs.

Renal Ultrasound

Drink at least 16oz. water beginning 1hr prior to exam, finishing 30min prior to exam. Do not empty bladder for 30min prior (bladder should be full during the exam).

OB Ultrasound: 2nd/3rd Trimester

Drink at least 16-24oz. water beginning 1hr prior to exam, finishing 30min prior to exam. Do not empty bladder for 1hr prior (bladder should be full during the exam).

X-RAY

Barium Enema

Full bowel prep unless contraindicated.

Gastrografin Enema

Physician-specified prep.

Upper GI / Small Bowel Follow-Through

NPO 4-6hrs.

Barium Swallow / Esophagram

NPO 2-4hrs.

Lumbar Puncture

Refer to Interventional Procedures list.

Contact individual D.I. departments for clarification or additional information not listed on this form.

Procedures with a Low Risk for Bleeding

- Central Line Removal
- Dialysis Access Intervention
- Drainage Catheter Exchange
- IVC Filter Placement
- Paracentesis
- PICC Placement
- Superficial Abscess Drainage
- Superficial Aspiration & Biopsy
- Thoracentesis
- Venography

Management of Low Risk Procedures

- INR > 2 requires treatment
- Platelets < 50,000 requires treatment
- Plavix: Hold 5 days prior
- Coumadin: Hold 5 days prior
- Lovenox: Hold 1 dose prior
- Aspirin: Do **not** hold
- Routine Labwork: INR, PTT, PLT

Procedures with a Moderate Risk for Bleeding

- Abscess Drainage or Biopsy:
 - Chest Wall
 - Intraabdominal
 - Retroperitoneal
- Angiography / Arterial up to 7 French
- Chest Tubes
- Cholecystostomy
- Gastrostomy Tube - Initial Placement
- Kyphoplasty
- Liver Biopsy
- Lumbar Puncture / Myelogram
- Lung Biopsy
- Tunneled Central Venous Catheter
- Venous Intervention

Management of Moderate Risk Procedures

- INR > 1.5 requires correction
- Platelets < 50,000 requires treatment
- Plavix: Hold 5 days prior
- Coumadin: Hold 5 days prior
- Lovenox: Hold 1 dose prior
- Aspirin: Do **not** hold
- Routine Labwork: INR, PTT, PLT

Procedures with a Significant Risk for Bleeding

- Biliary Interventions - New Tract
- Cryoablations
- Nephrostomy Tube Placement
- Renal Biopsy
- TIPS

Management of Significant Risk Procedures

- INR > 1.5 requires correction
- PTT > 1.5 times control value: stop or reverse Heparin
- Platelets < 50,000 requires treatment
- Plavix: Hold 5 days prior
- Coumadin: Hold 5 days prior
- Lovenox: Hold 24 hours prior
- Aspirin: Hold 5 days prior
- Routine Labwork: INR, PTT, PLT

**Contact D.I. Nursing / Vascular Access for clarification
or additional information not listed on this form.**