

GENERAL CT INFO

FOR EXAMS WITH IV CONTRAST EVALUATE FOR:

1. **IODINE ALLERGY** – IF YES – PT MUST BE BLOCKED, REDICAT USED, OR W/O CONTRAST

IF PATIENT HAS IODINE ALLERGY---PT CAN BE BLOCKED USING THE BLOCKING PROTOCOL:

PREDNISONE – TOTAL OF 4 DOSES (200MG) TO BE TAKEN.

50MG ORALLY EVERY 6 HOURS FOR A TOTAL OF 3 DOSES THE DAY PRIOR TO PROCEDURE – 4TH DOSE TO BE TAKEN UPON COMPLETION OF PROCEDURE.

BENADRYL – 50MG ORALLY 1 HOUR PRIOR TO PROCEDURE

***USE REGULAR PREP IF PATIENT IS BLOCKED OR**

***PATIENT CAN BE GIVEN READICAT FOR ORAL CONTRAST IF NOT BLOCKED AND NO IV CONTRAST GIVEN OR**

***EXAM CAN BE DONE WITHOUT CONTRAST - ACCORDING TO DOCTORS RECOMMENDATION**

READICAT PREP (FOR IODINE ALLERGY)

ABDOMEN: TWO SERVINGS OF CONTRAST. FIRST GLASS TWO HOURS BEFORE EXAM---SECOND GLASS ONE HOUR PRIOR TO EXAM---NPO THREE HOURS PRIOR TO EXAM---LIQUIDS ONLY TWO HOURS BEFORE THAT.

ABDOMEN/PELVIS: PATIENT TAKES TWO GLASSES OF CONTRAST. FIRST GLASS IS TAKEN AT BEDTIME THE NIGHT BEFORE THE EXAM. THE SECOND GLASS IS TAKEN ONE HOUR BEFORE THE EXAM. PATIENT IS NPO FOR THREE HOURS PRIOR TO APPT. LIQUIDS ONLY TWO HOURS PRIOR TO NPO TIME.

2. **DIABETES** – IF YES – WHAT MEDICATIONS AND CURRENT LABS (WITHIN LAST 45 DAYS) LABS (BUN & CREATININ)

THE FOLLOWING ORAL MEDICATIONS

NEED TO BE DISCONTINUED

FOR 48 HOURS FOLLOWING CT:

METAGLIP
GLUCOPHAGE
AVANDAMET
METFORMIN
GLUCOVANCE
GLYBURIDE AND METFORMIN
GLIPIZIDE
AMARIL-GLIMEPIRIDE
DIOFEN
ACTOS-MET
FORTAMET

RIOMET
GLUMETZA
JANUMET
GLUCOTROL

DO NOT NEED TO BE DISCONTINUED AFTER CT

AVANDIA
ROSIGLITAZONE
JANUVIA
GLYBURIDE
ACTOS

3. **RENAL FUNCTION** – IF IMPAIRED NEED CURRENT LABS
4. **MRSA** – IF YES & ACTIVE – EXTRA TIME SCHEDULED
5. **WEIGHT** – IF >400# CONTACT TECHS
6. **PREGNANT** (FEMALES 12-52YRS)
IF PREGNANT ASK GESTATIONAL AGE OF FETUS—CONTACT RADIOLOGIST REGARDING POSSIBILITY OF SCANNING PATIENT

PATIENTS WITH HX PLASMA CYTOMA AND MULTIPLE MYELOMA---CONTACT RADIOLOGIST REGARDING CONTRAST

PATIENTS ON DIALYSIS—WE NEED CURRENT LABS (EVEN THOUGH WE KNOW THEY WILL BE HIGH)-IF PATIENT IS HAVING DIALYSIS WITH 24 HOURS OF CT USE NORMAL IV AND ORAL PREP, IF PATIENT CANNOT TOLERATE ALL THE ORAL PREP HAVE THEM DO THE BEST THEY CAN. IF THEIR DIALYSIS IS NOT WITHIN 24 HOURS STILL USE THE ROUTINE IV BUT ONLY ONE GLASS OF PREP ONE HOUR BEFORE THE CT.

YOUNG CHILDREN REQUIRING SEDATION FOR CT WILL BE SENT TO WMC FOR THE EXAM. CHILD NEEDS TO BE ABLE TO LIE VERY STILL FOR EXAM

CONTRAST GUIDELINES

STANDARD PROTOCOL IS IV CONTRAST WITH FOLLOWING EXCEPTIONS:

- ORDERING PHYSICIAN REQUESTS ORAL CONTRAST
- PATIENTS < 18YRS & < 80# MUST HAVE ORAL PREP
- NO ORAL CONTRAST ON ADRENALS

IF ORAL CONTRAST IS REQUESTED PATIENT IS TO COME IN ONE DAY PRIOR TO EXAM TO PICK UP CONTRAST AND INSTRUCTIONS ON HOW TO MIX IT AND WHEN TO TAKE IT.

FOR CTS REQUIRING CONTRAST: NO SOLID FOODS FOR 3 HRS PRIOR TO EXAM, BUT ENCOURAGE FLUIDS UP TO 1 HR PRIOR TO EXAM. – NPO 1 HR PRIOR.

SPECIAL CONSIDERATIONS:

CT UROGRAPHY: MUST ALSO SCREEN FOR CONTRAINDICATIONS TO LASIX (HX ANURIA, GOUT, ALLERGY TO SULFA, LASIX, FUROSIMIDE)

APPENDICITIS PROTOCOL: EMERGENCY EXAM – RECTAL CONTRAST SOMETIMES USED FOR CHILDREN/PTS W/CONTRAINDICATIONS TO IV

PULMONARY EMBOLISM: PATIENTS W/IODINE ALLERGY MUST BE SCANNED @ WMC IN NUCLEAR MEDICINE.

CT VIRTUAL COLONOSCOPY: SPECIAL PREP – COPY OF INSTRUCTIONS INCLUDED IN THIS GUIDE.

CT ENTEROGRAPHY: (ABDOMEN/PELVIS) – PATIENT NEEDS TO PICK UP 3 BOTTLES OF VOLUMEN PRIOR TO APPT. DRINK BOTTLE #1-2 HRS PRIOR TO EXAM, BOTTLE #2 - 1 HR PRIOR TO EXAM, AND BOTTLE #3 - ½ HR PRIOR TO EXAM.