



Nuclear Medicine Technology Education Program



Clinical Handbook

2021-2022

Imaging Science Education Programs
Nuclear Medicine

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Imaging Science Education Programs
Nuclear Medicine**NMT 401 & 402 Applied Radionuclides I & II: Clinical**
*Course Outline***Course Description:**

This course provides the student with experience in the clinical facility, participating in the duties performed by a nuclear medicine technologist. The course further provides the student with the opportunity to apply and relate classroom theories to clinical activities. This course is composed of clinical rotations within the Nuclear Medicine department, Radiation Safety, the WVUH Heart Institute, the Center for Advanced Imaging / PET, and the Physician Reading Room, and PharmaLogic Inc., Nuclear Pharmacy. In the clinic, the student performs under direct supervision until they achieve competency in an area. When competency is achieved, they may work under indirect supervision at the discretion of the Education Coordinator and Clinical Instructor(s).

Course Objectives:

1. For the student to develop his/her professional attitude by putting into practice his/her knowledge of professional demeanor.
2. For the student to learn to perform nuclear medicine procedures per WVUH protocol by assisting staff technologists.
3. For the student to complete their required competencies with 86% accuracy, according to program policy.
4. For the student to become efficient in the use of nuclear medicine equipment and instrumentation.
5. For the student to become more aware of radiation exposure to his/her patients and himself/herself and to become more alert to practices employed to minimize that exposure.

After completion of the first six months of the education program, the student will be able to:

- A. Apply and relate theory to clinical activities.
- B. Consistently demonstrate thoroughness, accuracy and attention.
- C. Utilize time efficiently and perform consistently.
- D. Grasp directions quickly and accurately.
- E. Always maintain complete, accurate, and concise records in accord with institutional and clinical policies and procedures.
- F. Communicate readily with patients and be attentive to their emotions, needs, and rights.
- G. Assume professional responsibility for actions and exhibit confidence in all activities.

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Weekly Performance Evaluations (WPE):

The student is assigned to a specified area for a 1 week rotation. The students are expected to select the appropriate area and complete the objectives during the rotation. By the last day of each weekly rotation, the student is responsible for completing the log sheet and letting the tech know they need a weekly performance evaluation completed in Trajecsyst. An overall score of zero to five points will be awarded by each clinical instructor and averaged into the student's clinical grade.

Clinical Performance Evaluations:

On a bi-semester basis, the student will be evaluated by the staff clinical instructors on his/her clinical performance. The student is evaluated on the completion of clinical competency objectives, attitude, dependability, accuracy, initiative, etc. An overall score of zero to five points will be awarded by each clinical instructor and averaged into the student's clinical grade.

Staff Clinical Instructor Evaluations:

On a bi-semester basis, the student is required to complete Staff Clinical Instructor Evaluations. These will be used to evaluate the quality of the technologists' clinical instruction and the perception the student has of the overall clinical learning environment. These completed evaluations will be worth 5 points. Failure to complete one of these evaluations will result in the student receiving zero points for the Technologist Evaluation category. These points will be averaged in the student's overall Clinical Education Coordinator Points Evaluation.

Clinical Education Coordinator Points Evaluation:

On a bi-semester basis, the education coordinator evaluates the student in the clinical environment. The student is evaluated objectively and subjectively in areas of professional demeanor, critical thinking skills, and ability to work with other professionals. Each objective is evaluated on a 1-5 scale. The scores are then averaged to a final score and the final score will be averaged into the clinical grade.

Qualifying Examinations:

The student is required to have been "qualified" on certain procedure by a clinical instructor prior to attempting a competency for that particular procedure. This form implies that the student is confident and has an overall understanding from beginning to end of the procedures' protocol. Each examination is worth 100%. The sum of these points will count towards a percentage of the student's clinical grade.

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Competency Examinations:

After successfully completing a clinical qualifying examination (if required), the student is eligible to perform the examination as a clinical competency exam with a clinical instructor. In order for a student to be competent in an exam and work under indirect supervision on stated exam, the student must have completed a clinical competency examination. Each examination is worth 100%. The sum of the scores from clinical competency examinations will count towards a percentage of the student's clinical grade.

****NOTE: It is the student's responsibility to inform the technologist he/she wishes to attempt exam competency PRIOR to performing any aspect of the exam.**

All Nuclear Medicine Students must pass each applied radionuclides procedures course with a minimum 86% weighted percentage average. Failure to achieve the 86% overall weighted average will prohibit the student from advancing to the subsequent semester and therefore dismissal from the program will result.

Grading:

The student must score an 86% or higher to achieve competency status. Should the student fail to achieve 86% or higher on a competency examination, a repeat exam must be taken (until successful), and the exams will be averaged for a final competency grade.

93-100 = A 86-92 = B 78-85 = C 70-77 = D below 70 = F

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Department Outline

Governing Bodies

- JCAHO (inspection cycles and specific regulatory guides)
- JRCNMT (regulates accredited educational programs in Nuclear Medicine Technology)
- NRC
 1. Regulates our license
 2. Inspections

Diagnostic Services

- Radiology
- Nuclear Medicine
- PET/CT
- Ultrasound
- Radiation Therapy
- MRI
- Breast Care Center
- Special Procedures
- Reading rooms
- Heart and Vascular Institute

Other Services

- Nutrition Services (food for GE study)
- Pharmacy (Inpt. & OP)
- Emergency Department
- Gift Shop
- Cafeteria (HSC & Ruby)
- HR
- Employee Health
- Other Ruby units
- Classrooms - HSC
- Library – HSC
- Radiology Conference Room

Confidentiality

- HIPAA

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- Protect computer passwords, logout when not using system

Patient Services

- Transporters – centralized system (teletracking computer system)

Customer Satisfaction

- Telephone Etiquette
 1. No personal Phone calls allowed, unless emergency
 2. No cell phones or texting during school (class or clinic)
 3. Calling units (7+four digit floor number)
 4. Calling outside numbers (Local: 9+1+area code+number)
 5. Pager system (dial 103, then 4 digit pager number, then callback number, then #1, hang up)
 6. I need phone number I may use to reach you if needed
- Patient Introductions-use Mr./Mrs./Ms. –try to avoid using first names
- Patient Scheduling – EPIC (we schedule inpatients, schedulers take care of scheduling outpatients)

Daily NM Duties/Procedures

Morning

- Linen – take out dirty bags, replace with new, clean bags
- Stocking – stock supplies, refill blanket supply in blanket warmer in imaging room.
- QC –Perform on Symbia SPECT/CT, D-SPECT, and PET/CT.
- Hot Lab – Dose calibrator constancy, room monitor check with Cs source, remove full radioactive needle boxes and trash for rad. safety to dispose of, stock supplies, put doses on wall, enter inventory into NMIS. Friday morning, change chux.
- Cleanliness of department – make sure your work area is clean, neat, and free of clutter. O2 tubing (and all others) must not be touching floor. Don't place anything on top of red trash cans and ensure only appropriate waste is being placed in these cans.

Afternoon

- Linen – if not able to do in the morning or if there is a need for items.

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- Stocking – also if not able to do in the morning or if there is a need for items.
- Room survey – student on rotation 3 will be responsible for this. Log results into NMIS. I will monitor this and points will be deducted from your clinic grade if not being completed on a regular basis.
- Personnel hand monitoring – done at end of day, place hands in front of device and check for contamination on hands. Log into NMIS. If contaminated, see me or a tech to assist you (don't touch anything).
- Radionuclide ordering for next day's doses– observe in Semester I. You will be required to perform this duty by mid-term in Semester II.
- Daily schedule – observe in Semester I. You will be required to perform this duty by mid-term in Semester II.
- Clean camera, table, P-scope, hand controller after every patient with Sani-Cloth wipes. If you have an isolation patient, depending on the type of isolation, you must clean the camera/table with approved cleaners/ methods.

Daily Quality Control Procedures

- Dose Calibrator
- Geiger Counter
- Morning QC on Symbia SPECT/CT, PET/CT, and D-SPECT. Check flood values, and then proceed to CT QC if necessary.
- Well counter – with constancy
- Thyroid probe (only if I-123 patient is on the schedule)
- Check room monitor with Cs source

Department Flow

1. OP orders print directly to our dept. when pt. arrives; we print IP orders from EPIC
2. Write on white board when pt. arrives so others are aware.
3. Prepare dose, equipment, etc.
4. Explanation to patient
5. Procedure
 - Dose patient
 - Put dose in NMIS
 - Make sticker, put in red book. Complete EPIC Inj. portion. Image patient.
6. Check images with technologist

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7. Completion checklist

Charge for study, dose, time, and techs involved in EPIC. Also include patient history.

Time/Attendance

- Clinic: 7:00 am – 3:30 pm, Monday – Friday; some special times for certain areas are denoted on clinical schedule.
- Class: Varies, (subject to change per Ed. Coordinator) (1st floor and basement level, HSC)
- You should arrive to clinic a few minutes early and be ready to work at your scheduled time. This means all personal items must be put away and you must be in proper uniform and logged into Trajecsyst by scheduled time.
- Lunch varies daily; know your schedule for the day and do not wait on classmates to finish exams to go to lunch.
- Don't ask me or techs to leave early; if you're not busy on your rotation, help someone else out. If it is not busy, techs (or I) will let you go early on occasion. Asking will only prevent future perks in this respect.
- Stay in clinic until 3:30pm, unless released early by me or techs.
- If you should stay past 3:30 pm to finish a scan, or watch an unusual study, or assist a tech with a difficult patient, I may reward you with comp time. (Must be pre-approved by program director) The amount of comp time awarded for such an event will be equal to the amount of time you spend past 3:30pm. However, comp time will not be awarded for staying over for common procedures. You may stay for these exams on your own time.
- For your own knowledge, please keep track of all PDO and comp time. You can always verify time with me, but I prefer you keep your own record so you know where you stand.
- If calling off due to illness or any other reason, text me at 304-677-2642, and call the department in which you are scheduled, 304-598-4261(NM), 304-293-1884 (PET), 304-598-4642 (HVI) and leave message.
- If scheduling time off, write it on desk calendar in dept. so techs will know and complete a Time Off Request in Trajecsyst. Must be requested at a minimum 24 hours in advance.
- Attendance policy is in student handbook. Make sure you fully understand all regulations. If not, please do not hesitate to ask for clarification.

Miscellaneous

- You may use the fridge in the Radiology break room. Label your items well.

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Schedules

- Typical Clinic schedule – Monday - Friday
 - 7:00am-3:30pm: SPECT/CT rotations
 - 6:30am-3:00pm: Hot Lab rotation
 - 8:30am-3:30pm: Radiation Safety rotation
 - 7:00am-3:30pm: PET/CT rotation
 - 1:30am-10:00am: Radiopharmacy rotation
 - Subject to change at any time per the education coordinator.
- Class schedule – Varies, (subject to change per Program Director, see monthly calendar and Trajecsyst weekly schedule.)

*******We are here to help you become a great Nuclear Medicine Technologist. We will assist you in any way possible. Please don't be afraid to ask questions. No question is a stupid one. We will not look down upon you if you don't know an answer to one of our questions. You only have 12 months to learn everything. Use your time in clinic and the classroom wisely. If you need anything, my door is always open.**

IMAGING SCIENCE EDUCATION PROGRAMS**Nuclear Medicine****Faculty Roster**
Nuclear Medicine
*2021-2022***Nuclear Medicine Staff Technologists/
Clinical Instructors**

Kirbee Allard, RT(R)(N)
Julianne Coddington, RT(R)(N)
Kelly Creed, RT(R)(N)
Megan Reda, BS, CNMT
Tonya Shook, BS, RT(N)(CT), CNMT
Katelyne Smith, RT(R)(N)

**PharmaLogic Staff Pharmacists/
Clinical Instructors**

Shelby Griffith
Pharmacist/Manger, Clinical Supervisor
Amanda Wilfong, Staff Pharmacist
Jasmine Jenkins, Staff Pharmacist

**PET/CT Staff Technologists/ Clinical
Instructors**

Karlee Forinash, RT(R)(N)
Taylor Gall, RT(N)
Melinda Nicholson, BA, RT(R)(N)
Jennifer Pettry, BA, RT(R)(N), CNMT
Marka Potts, BS, RT(R)(N), CNMT
Tonya Shook, BS, RT(N)(CT), CNMT
Katelyne Smith, RT(R)(N)

Didactic Faculty

Tiffany Davis, MA, RT(R)(N), CNMT
Didactic Instructor, Core NM Courses
Raymon A. Siochi
Didactic Instructor, Physics
Deb Ferencz, RT(R)(CT)
Didactic Instructor, X-Sectional Anatomy
Jennifer Pettry, BA, RT(R)(N), CNMT
Didactic Instructor, PET/CT Course

**Nuclear Cardiology Staff Technologists/
Clinical Instructors**

Lisa Broadwater, RT(R)(N), CNMT
Debra Burton, BA, RT(N), NMTCB(CT)
Shawn Flinn, CNMT
Stephanie Stadelman, BS, RT(R)(N)
Felesha Ueltschy, RT(R)(N)
Jamie Walker, RT(R)(N), CNMT

Administration

Benjamin Parker, RT(R)(N)
Molecular Imaging Manager
Tiffany Davis, MA, RT(R)(N), CNMT
NM Education Program Director
Gary Marano, MD
Medical Director, Molecular Imaging
Dan Martin, MD
Section Chief, Molecular Imaging
Jay Morris, MA, RT(R)(CV)
Education Manager
Melissa Rose, MA, RT(N), CNMT
Supervisor Nuclear Cardiology, ECG,
HVIS

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Student Guidelines

- Inform the designated clinical instructor that you wish to perform a competency evaluation. Patients should be chosen at random.
- Prepare yourself both clinically and didactically for the evaluation.
- Once a competency has been achieved, the student **MUST MAINTAIN** that level of competency for that procedure. Failure to do so will result in the competency being revoked.
- **ALL COMPETENCIES MUST BE ACHIEVED BY JUNE 3, 2022.**
***The Venipuncture Competency must be completed by September 17, 2021.

Clinical Instructor Guidelines

- Approve/disapprove the student's choice for evaluation.
- Have the student demonstrate the clinical procedure while observing the student's performance.
- Complete appropriate form in Trajecsyst.

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Code of Ethics: For the Nuclear Medicine Technologist

Nuclear Medicine Technologists, as members of the health care profession, must strive as individuals and as a group to maintain the highest ethical standards.

The following Principles were adopted by the Technologist Section and the Society of Nuclear Medicine at the 1985 Winter Meeting. They are standards of conduct to be used as a quick guide by nuclear medicine technologists.

- Principle 1: The nuclear medicine technologist should provide service with compassion and respect the rights of the patient.
- Principle 2: The nuclear medicine technologist should hold in strict confidence all privileged information concerning the patient.
- Principle 3: The nuclear medicine technologist should comply with the laws and regulations governing the practice of nuclear medicine.
- Principle 4: The nuclear medicine technologist should be responsible for competent performance of assigned duties.
- Principle 5: The nuclear medicine technologist should strive continuously to improve knowledge and skills.
- Principle 6: The nuclear medicine technologist should not engage in fraud or deception.
- Principle 7: The nuclear medicine technologist should be willing to assume responsibility to participate in activities that promote community and national response to health needs.

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General Nuclear Medicine Radiation Safety Rules

The following are recommended practices for safe use of radioactive materials while working in the nuclear medicine department.

1. Wear lab coats or other protective clothing in areas where radioactive materials are used.
2. Wear disposable gloves at all times while handling radioactive materials.
3. Monitor hands and clothing for contamination after working with radionuclides or before leaving the area.
4. Always use syringe shields for routine preparation of patient doses and administration to patients.
5. Do not eat, drink, smoke, or apply cosmetics in areas where radioactive materials are stored or used.
6. Do not store food, drink, or personal effects with radioactive materials.
7. Assay each patient dose in the dose calibrator prior to administration. Do not use doses that differ from the prescribed dose by more than $\pm 20\%$.
8. For therapeutic doses, also check patient's name, the radionuclide, the chemical form, and the activity vs. the order written by the attending physician.
9. Wear personnel monitoring devices (film badges, ring badges) at all times while in areas where radioactive materials are used or stored.
10. Dispose of radioactive waste only in specially designated and properly shielded receptacles.
11. Use automatic pipettes to measure or transfer radioactive solution. (NEVER pipette by mouth).
12. Survey kit preparation and injection areas for contamination after each procedure or at the end of the day. Decontaminate if necessary.
13. Confine radioactive solutions in properly shielded covered containers, identified and labeled with name of radionuclide, date, activity, and expiration date.
14. Clean up radioactive spills promptly.
15. Always transport radioactive materials in shielded containers.
16. When working with I-131 solutions keep vials tightly capped and open only in the fume hood.
17. When performing lung ventilation studies with radioactive gas, ensure that the gas trapping system is working efficiently.
18. Be familiar with Nuclear Medicine Emergency Procedures.

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WVUH Clinical Qualifying & Competency Exams

Semester I

Semester I – Fall 2021

Mandatory Competencies:

All items listed below must be completed by **December 10, 2021**. Failure to comply with the deadline will result in a “0” score for any item(s) incomplete.

1. CPR Certification
2. ECG Placement
3. Vital Signs (Pulse, BP, Temp, Resp., O2)
4. Venipuncture *Must be completed by Sept. 17, 2021.
5. Stress Lab Injection (Exercise)
6. Stress Lab Injection (Pharm)
7. Skeletal #1/2: WB Bone
8. Skeletal #2/2: 3-Phase Bone
9. SPECT #1/2: Bone SPECT
10. GI #1/3: Hepatobiliary Scan
11. Endocrine #1/2: Thyroid Uptake
12. Endocrine #2/2: Thyroid Scan
13. PET or PET/CT #1/1: Tumor WB
14. Elective #1/8: WBC
15. Elective #2/8: Parathyroid
16. Elective #3/8: Thyroid Metastatic Survey
17. Elective #4/8: Student Choice (see list on last page)
18. SPECT Gamma Camera (uniformity/resolution)
19. Dose Calibrator (constancy)
20. Well Counter/Uptake Probe (energy calibration)
21. Survey Meter (battery check & constancy)
22. I-Stat Patient Testing/QC
23. Glucometer Patient Testing/QC

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WVUH Clinical Qualifying & Competency Exams

Semester II

Semester II – Spring 2022

Mandatory Competencies:

All items must be completed by **June 3, 2022**. Failure to comply with the deadline will result in a “0” score for any item(s) incomplete.

1. GI #2/3: Gastric Emptying
2. GI #3/3: GI Bleed/Meckels/Liver-Spleen
3. Cardiovascular #1/2: MPS Rest
4. Cardiovascular #2/2: MPS Stress
5. GU #1/1: Renal Function (Lasix renal)
6. Respiratory #1/2: Lung Ventilation (aerosol)
7. Respiratory #2/2: Lung Perfusion
8. SPECT #2/2: Brain (DaT, Neurolite, Diamox)
9. Tumor #1/1: (Ga, Lympho [must include images in dept.], MIBG, Octreo)
10. TX Procedure #1/1: I-131 (ablation/hyperthyroid)
11. Elective #5/8: Gated Blood Pool (MUGA)
12. Elective #6/8: SPECT (Ga, Lympho, MIBG, Octreo if not used in tumor #1/1)
13. Elective #7/8: CNS (PET/CT Dedicated Brain)
14. Elective #8/8: Student Choice (see list on last page)
15. SPECT Gamma Camera (COR/Monthly)
16. Dose Calibrator (Linearity)
17. PET or PET/CT (reference or blank scan)
18. Generator Elution / Moly Assay
19. Radiopharmaceutical Kit Preparation / QC

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WVUH Clinical Qualifying & Competency Exams

Semester I & II

Elective Procedures:

All elective procedures may only be performed once. Elective procedures do **NOT** require a qualifying exam to be performed prior to the competency exam, however practice on the exam is recommended before attempting competency.

1. Liver-Spleen (if not used as GI #3/3)
2. Gastric Reflux
3. GI Bleed (if not used as GI #3/3)
4. Meckel's Diverticulum (if not used as GI #3/3)
5. DMSA Renal
6. Captopril Renal
7. Quantitative Lung Scan (Lung Perfusion only with ROIs and quantification)
8. OctreoScan (if not used as Tumor #1/1 or Elective #6/8)
9. MIBG (if not used as Tumor #1/1 or Elective #6/8)
10. Lymphoscintigraphy (breast or melanoma, must include images in department) (if not used as Tumor #1/1 or Elective #6/8)
11. Cisternography: Routine
12. Cisternography: CSF Leak with pledgets, blood draw
13. Shunt Patency (VP or LP)
14. NaF Bone PET/CT
15. Y-90 SIRT MAA Liver/Lung Shunt Study
16. Nuclear Arthrograph Study
17. Bone Marrow Study
18. Salivary Gland Imaging
19. DaTscan (if not used as SPECT #2/2)
20. Neurolite Brain (if not used as SPECT #2/2)
21. Diamox Brain (if not used as SPECT #2/2)
22. Cardiolite Brain (if not used as SPECT #2/2)
23. Thallium Brain (if not used as SPECT #2/2)

*If you have questions about other exams eligible for elective competencies not listed above, please ask the program director for approval.

You are **NOT** allowed to perform the following studies as any type of graded procedure:

- Y-90 Blob scan
- Brain Death Study (never allowed to perform without direct supervision)
- Y-90 TX
- Lutathera TX
- Any Scan or TX dose if refused by PD or Clinical Instructor due to various conditions such as but not limited to patient condition, time restraints, unfamiliarity of exam/TX

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Commonly Used Radiopharmaceuticals

Arthrogram	1 mCi 99mTc MAA
Bone Scan (WB & 3-Phase)	20 mCi 99mTc HDP (or MDP)
Brain Death	20 mCi 99mTc DTPA
Cisternogram	500 uCi In-111 DTPA
CSF Leak	700 uCi In-111 DTPA
Esophageal Reflux	150 uCi 99mTc Sulfur Colloid
Gastric Emptying	1 mCi 99mTc Sulfur Colloid
GI Bleed	20 mCi 99mTc Ultratag RBC's
Hepatobiliary (HIDA)	10 mCi 99mTc Choletec
Lung Perfusion	3-5 mCi 99mTc MAA
Lung Ventilation	1 mCi 99mTc PYP (make kit 30-40mCi)
Breast Lymphoscintigraphy	250 µCi 99mTc Lymphoseek
Melanoma Lymphoscintigraphy	150 µCi 99mTc 0.4 Filter Lymphoseek
Meckel's Diverticulum	10 mCi 99mTcO ₄
MIBG	10 mCi I-123 MIBG
MUGA (EF = Ejection Fraction)	20 mCi 99mTc Ultratag RBC's
Myocardial Perfusion	5-6 mCi 99mTc Myoview Rest
	15-18 mCi 99mTc Myoview Stress
Neurolite Brain	20 mCi 99mTc Neurolite
Octreoscan	6 mCi In-111 Octreoscan
Parathyroid	20 mCi 99mTc Sestamibi
Renal Scan (Lasix)	10 mCi 99mTc Mag 3
Sestamibi Brain	20 mCi 99mTc Sestamibi
Thallium Brain	3 mCi 201-Thallium

Commonly Used Medications & Dosages

CCK = 0.02 micrograms / kilogram

Morphine = 0.04 milligrams / kilogram

Adult Lasix = 20 milligrams for adult dosage

Pediatric Lasix = 1 milligram / kilogram

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Pediatric Dose Calculations

The following calculations are in accordance with the WVUH policy number IV.04, Pediatric Dosage.

Determination of Children's Doses from Adult Doses

<u>Kg</u>	<u>Lb</u>	<u>% of Adult Dose</u>
2	4.4	10
4	8.8	15
6	13.2	20
8	17.6	25
10	22.0	27
15	33.0	35
20	44.0	50
25	55.0	55
30	66.0	60
35	77.0	70
40	88.0	75
45	99.0	80
50	110.0	85
55	121.0	90

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Scan Name & Organ(s) of Interest

<u>Scan</u>	<u>Organ</u>
Bone	Skeletal System (CA, infection, fractures, arthritis, etc)
Brain	Blood Flow, Tumor, etc
MUGA	LV Blood (inside)
MPI	Blood Flow to heart muscle (outside)
Cisternography	CSF Leak
Gastric Empty	Stomach (solids or liquids)
GI Bleed	GI tract
HIDA	Hepatobiliary System and GB function
Lung Scan (VQ)	Ventilation and perfusion
Lympho	Cancer spread (breast or melanomas)
Meckel's Diverticulum	Gastric mucosa usually RLQ (children)
OctreoScan	Detect tumors that have somatostatin receptors on
the	Surface of cells
OncoScint	(Hypothalamus, brain stem, GI tract, and pancreas)
ProstaScint	Ovarian and colorectal CA
Ictal & Interictal	Prostate CA
RBC Mass	Seizures (epilepsy)
Testicular Scan	Measure RBC in pt
Thyroid Scan	Torsion versus epididymus
Thyroid Uptake	Image thyroid glands
WBC	No image measure iodine (degree of functionality)
MIBG	Infection and inflammatory
	Adrenal gland tumor imaging (neuroendocrine tumors) or found
	Outside of adrenal gland called paragangliomas (bladder, neck, thorax, abdomen, or pelvis)
	Neuroblastomas (adrenal medulla, mediastinal and retroperitoneal regions)
Gallium	Infection and tumor
Diamox	Blood flow to brain (Stroke / TIAs)
DaTScan	Parkinsons Disease Brain SPECT
Y-90 Sirspheres	Liver cancer treatment (non-resectable liver tumors)

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General Information and Instructions to Patients

Bone Scan

- 20 mCi 99mTc MDP or HDP
- Do you have any other tests today? If CT, then start IV (22g or 20g).
- Whole Body: The first part, which is the injection, will only take 10 minutes. Inject and tell them to return in 2.5-3 hours. Give EXACT TIME for them to return. Record time on "desk schedule." The pt can then leave and do whatever they want. Eat and drink extra fluids if not contraindicated by other tests. (at least 3- 8 oz cups of any fluid). Urinate as much as possible.
- 3 Phase: After you draw your dose and prepare room, go get pt and take to camera. Inject and do flow and immediate statics. They still come back in 2.5 -3 hours for the third phase-whole body. Make sure to remind them to drink extra fluid.
- *When the bone scan pts return, have them void before starting scan.
- WB scan total time=20 min
- WB with SPECT/CT total time=40 min

MPS

- Rest dose: **BMI 25-34**, 5-6 mCi 99mTcMyoview; **BMI 35-40** 8 mCi 99mTcMyoview; **BMI 41-50**, 10 mCi 99mTc Myoview; **BMI 50+**, 12 mCi 99mTc MV
- Stress dose: **BMI 25-34**, 15-18 mCi 99mTcMyoview; **BMI 35-40** 24 mCi 99mTcMyoview; **BMI 41-50**, 30 mCi 99mTc Myoview; **BMI 50+**, 36 mCi 99mTc Myoview
- Always take BP before starting (protocol posted on wall in injection area).
- NPO for 4 hours, no caffeine for 12 hours
- Start IV and give resting dose. Pt to wait 30 mins. Given at least 16 oz of water to drink before imaging.
- Rest imaging (upright, gated – hooked up to 4 ECG leads) = approx. 10 min
- If BMI 50+, do additional rest image (supine, not gated)
- Patient taken to stress lab
- When they return, given additional at least 16 oz of water. Take out OP IV before obtaining stress images.
- Wait 60 minutes before scanning stress. For a walker who adequately exercised can wait approximately 30 minutes, for dobutamine/lexiscan, always wait 60 mins, for lexiscan with low level exercise (lexi-walk) can wait approximately 45 minutes before 2nd set of pictures (go from time of 2nd inj, which is given in the stress lab).
- After you wait the required time, put on for pics. For stress imaging, do upright, gated as well as supine, not gated on all patients. Upright takes approximately 4 minutes.
- When 2nd set of pics are completed, they are free to go.
- Process pics.
- Stress dose given:
 - Walker=@ target HR
 - Adenosine=@ 3 min
 - Dobutamine=@target HR
 - Lexiscan=@10 seconds post injection of Lexiscan

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HIDA (liver & GB function/EF)

- **Make sure they have a GB**
- 10 mCi Choletec
- NPO 4 hours
- Start IV
- Test takes 1.5-2 hours.
- Do not need a flow-inj!
- Perform dynamic imaging study for 1 hour
- At the 1 hour mark look at pics to determine what to do:
 - A) GB & small bowel-give CCK .02 mcg/Kg
 - B) Small bowel but no GB-give Morphine .04mg/Kg
- *CCK can cause nausea and very rarely vomiting (it only lasts about 5-10 mins).
- After this you will take 2 more pictures:
 - 1) 15 min post CCK
 - 2) 30 min post CCK
- After the CCK or Morphine is given you can take IV out as long as they don't have any other tests where an IV is needed.

MUGA (multiple gated acquisition)

- Done to get the EF of LV in the heart-use Ultra Tag Kit to tag RBC with 20 mCi 99mTC.
- Start IV with 20g or bigger.
- Withdraw 3 cc of blood into 3cc heparinized syringe using 20g needle or bigger.
- At this point, instruct the pt to the waiting room and tell them it will be 25 min to tag the blood (make sure IV is secure).
- Make sure you put bracelet on pt. with number labels and label their blood
- Ultra Tag Kit:
 - inject blood into vial and wait 5 min then inj syringe I "swirl", then syringe II "swirl" and last 99mTC "swirl"(you want to draw up no less than 25 mCi to start with b/c after tagging you will have less).
 - After inj I, II & 99mTC, let it sit 20 min.
 - After 20 min, draw blood out of vial using a shield b/c it is now radioactive (use 5cc syringe b/c there is more volume now. Also use 20g needle or bigger to draw it up).
- Get pt. Hook up 3 leads and make sure the ECG trigger is on.
- Inj them with the radioactive blood. You can use 1-3 ml of blood but 3 ml is better.
- Slide under camera and position camera in the LAO (about 30-35 degrees) with a caudal tilt (about 10 degrees). Make sure the LV is clearly visualized before starting camera.
- Pics only take about 5-10 min.
- When images are finished, take off leads and make sure IV is taken out (as long as they don't need it for another test or chemotherapy that day. A lot of CA pts stop on the way to their treatment in the CA center).
- Process and have someone else process too to see if numbers match

Thyroid Scan & Uptake

- I-123: 200-300 µCi
- Day 1=thyroid questionnaire and dose with pill; takes about 10 min.
- Day 2=imaging and counting their thyroid and BKG; takes 1 hour

Day 1:

- Get thyroid questions paper

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- Get pill and measure in dose calibrator.
- Count background. Count pill in neck phantom with thyroid probe (this is done in the morning during hot lab preparation)
- Get pill and give to pt PO.
- Assure them that there will be no side effects.
- Make sure it is clear to them that they have to return the next day. Make sure they know what time. They have to register again at the registration desk on 3rd floor by windows.
- Make sure pt is off any kind of thyroid medication and that they still have a thyroid gland (for meds, see questionnaire)
- After they take the pill they are free to leave.

Day 2:

- Takes 1 hour.
- First count the pt BKG. (computer prompts you what to do, follow instructions)
- Second, count the patients thyroid.
- Move the pt to camera to start pics.
- 3 different pics (each takes 10 min):
 - 1) ANT w/ marker
 - 2) RAO
 - 3) LAO
- When these pics are complete, the pt is free to go. Computer processing.

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Stress Lab Injections

Stress Doses

BMI 25-34, 15-18 mCi 99mTcMyoview
BMI 35-40 24 mCi 99mTcMyoview
BMI 41-50, 30 mCi 99mTc Myoview
BMI 50+, 36 mCi 99mTc Myoview

*Image 60 min. post injection

Resting Doses

BMI 25-34, 5-6 mCi 99mTc Myoview
BMI 35-40, 8 mCi 99mTc Myoview
BMI 41-50, 10 mCi 99mTc Myoview
BMI 50+, 12 mCi 99mTc Myoview

*Imaging 30 min. post injection

Treadmill

Inject at Doctor's request (goal: target HR or until only have 1 min. left)

Pharmacologic Agents

Adenosine = Inject @ 3min. (6 min. infusion)

Dobutamine = Inject at Doctor's request (goal: target HR)

Lexiscan = Inject 10-20 seconds post injection of lexiscan (give tracer after nurse pushes the flush)

Flow of Stress

1. Outpatient doses are pre-calibrated and should not need adjusted. Inpatient doses may require very minimal adjusting.
2. Take box to stress lab. Inject when appropriate based on stress type
3. When returning from stress lab, re-measure the dose, put information into the daily log on hot lab computer (and write out information on the daily schedule in control room (stress type, % target achieved, positive or negative chest pain, injection time, scan time –always put scan time as one hour from injection time)
4. Put gauze, saline flush, and alcohol wipe in box for the next person to go to the stress lab
5. EPIC and NMIS (stress dose only)
6. Put dose in scan system on acquisition computer

Symbia Shut Down/Start Up Procedure

End of Day- Start the Auto Daily QC Protocol – On Thursdays, start the Weekly QC Auto QC Procedure – must remove collimators.

In the AM – Check the values for the Daily Flood and complete protocol. Proceed to the shutdown procedure.

Shut down/Start up: Options, End Session, Shutdown, Yes

- While system is shutting down, go to the PPM. Click Setup tab at bottom right corner. Press Shutdown, and Green Arrow (proceed).
- Turn power off to the UPS by holding the button in for a couple seconds. Wait 15 seconds and power back up the UPS.
- When PPM displays Ready for Shutdown, turn SNAC and CT off. Wait 15 seconds and turn SNAC back on. Push Green Go on Emergency Stop, wait for lights to show up on hand remote and then turn CT back on (off no less than 1 minute).
- Return to computer, Ctrl-Alt-Delete, wait for PPM to say Siemens and then sign on, password Esoft, click on esoft in center of screen.

Quick Shut Down for Motion Errors

- PPM shutdown
- 3 switches off: SNAC, Motion and Camera
- CT box off
- 3 switches on: SNAC, Motion and Camera
- Emergency Stop Green button (wait until hand control lights come on)
- CT box on