



## **Nuclear Medicine Technology Education Program**



## **Clinical Handbook**

**2025-2026**

Reviewed: 4/2025  
Revised: 4/2025

Imaging Science Education Programs  
Nuclear Medicine

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## Imaging Science Education Programs Nuclear Medicine

### **NMT 401: Applied Procedures: Clinical Experience I**

Semester I  
2025-2026  
660 Clock Hours (approx.)

<b>Instructor(s):</b>	Tiffany D. Davis, M.A., R.T.(R)(N), CNMT Various staff technologists
<b>Prerequisites:</b>	NMT 301: Introduction to Nuclear Medicine
<b>Room:</b>	WVUH (Ruby Memorial Hospital) Nuclear Medicine Department WVUH (Ruby Memorial Hospital) PET/CT Department WVUH (Ruby Memorial Hospital, HVI) Nuclear Cardiology Department WVU (Health Sciences Center) Radiation Safety Department WVUH (Ruby Memorial Hospital) Nuclear Medicine and PET/CT Reading Room
<b>Time:</b>	Monday-Friday, day shift. Hours vary: 6:30am-3:00pm or 7:00am-3:30pm. See clinical and didactic schedules/calendars for more specific information.
<b>Textbook:</b>	N/A
<b>Supporting Documents:</b>	Clinical Handbook and Trajecsys Report System

#### **Course Description:**

This course is conducted within West Virginia University Hospital and affiliate(s). Direct and indirect supervision will develop clinical skills through observation and participation in in-vivo, in-vitro, and therapeutic nuclear medicine procedures. Clinical rotations consist of ample experience in general nuclear medicine, PET/CT, cardiac imaging, radiation safety, and reading room. Clinical comprehension is evaluated through weekly performance evaluations and the performance of clinical competency evaluations.

#### **Course Objectives:**

The student will:

1. Perform diagnostic and therapeutic in-vivo and in-vitro nuclear medicine and molecular imaging procedures.
2. Identify indications and verify physician order for performing imaging and physiologic quantitation.
3. Evaluate patient health status, patient preparation requirements for procedures, and provide appropriate patient education prior to and during the procedure.
4. Facilitate or obtain informed consent, as appropriate.
5. Comply with current federal, regional, and institutional regulations regarding ionizing radiation.
6. Prepare all equipment according to the guidelines for each procedure.
7. Calculate dosage of adjunctive medications according to the guidelines for each procedure and follow institutional protocol for administration.
8. Prepare, measure, and administer radiopharmaceutical(s) in accordance with department guidelines.
9. Follow institutional protocols for blood withdrawal and radioactive labeling.
10. Select appropriate instrument and parameters for the procedure.
11. Position the patient appropriately for the procedure and acquire imaging view(s) and/or non-imaging data for complete procedure.
12. Process and analyze the data for physician interpretation, noting normal and abnormal bio-distribution of the radiopharmaceutical.
13. Evaluate image quality and inspect for artifact.
14. Describe the importance of adhering to a research protocol in imaging and non-imaging procedures.
15. Utilize up-to-date scientific evidence, clinical judgment, and patient information to make informed decision in performing diagnostic and therapeutic procedures.
16. Complete all clinical competencies outlined below:

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### **General Patient Care:**

*(all must be completed in Semester I)*

CPR Certification  
Vital Signs – Blood Pressure  
Vital Signs – Pulse  
Vital Signs – Respiration  
Assisted Patient Transfer (slider, mechanical lift)  
Maintain patient ancillary equipment (IV pump, collection bag, O2)  
ECG (lead placement, recognition of common dysrhythmias)  
\*Venipuncture

### **Quality Control Procedures – Semester I:**

*(all must be completed in Semester I)*

SPECT Gamma Camera (Uniformity/Resolution)  
Dose Calibrator (Constancy)  
Well Counter/Uptake Probe (Energy Calibration)  
Survey Meter (Battery Check/Constancy)  
\*I-Stat Patient Testing and QC  
\*Glucometer Patient Testing and QC

### **Nuclear Medicine and PET/CT Procedures (Diagnostic and Therapeutic)**

*(may complete any in Semester I; remainder to be completed in Semester II, prior to graduation)*

\*Myocardial Perfusion – Rest  
\*Myocardial Perfusion – Stress  
\*Thyroid Uptake  
\*Thyroid Scan  
\*Hepatobiliary (HIDA)  
\*Gastric Emptying  
GI Bleed / Meckels / Liver\_Spleen (choose 1)  
\*Renal Function (Lasix)  
\*Tumor (F-18 FDG)  
\*Lung Ventilation (Aerosol) – Statics  
\*Lung Perfusion – Statics  
\*Skeletal – Total/Wholebody  
\*Skeletal – 3-Phase  
\*Bone SPECT or SPECT/CT  
\*Lung SPECT or SPECT/CT  
\*I-131 (ablation/hyperthyroid)  
Elective #1 of 9: WBC Imaging  
Elective #2 of 9: Parathyroid SPECT or SPECT/CT  
Elective #3 of 9: Thyroid Metastatic Survey  
Elective #4 of 9: Gated Blood Pool (MUGA)  
Elective #5 of 9: Lymphoscintigraphy (breast/melanoma)  
Elective #6 of 9: PET Brain (F-18 FDG)  
Elective #7 of 9: Student Choice  
Elective #8 of 9: Student Choice  
Elective #9 of 9: Student Choice

## Imaging Science Education Programs

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### Assignments:

The student will attend all clinical rotations as assigned by the program director and outlined on the clinical rotation schedule. The following is a guide to clinical rotations.

<i>Rotation</i>	<i>Area/Camera</i>	<i>Hours</i>	<i>Duties / Responsibilities</i>
1, 2, 3	SPECT/CT	7am-3:30pm	QC, all Nuc Med studies and related duties
HVI	D-SPECT	7am-3:30pm	Myocardial Perfusions and related duties
INJ	Injection	7am-3:30pm	Draw doses, start IV, inject patients
PET	PET/CT	7am-3:30pm	All PET/CT studies and related duties
RS	Radiation Safety	8:15am-3:30pm	Assist Radiation Safety
RR	Reading Room	9:00am-3:30pm	Read with a Radiologist
RP	Radiopharmacy	1am-9am	Elute generator, make kits, QC, draw unit doses
*	Early Shift	6:30am-3pm	Open/close hot lab, survey, duties of camera

### Course Grading:

1. Weekly Performance Evaluations – The student is assigned to a specified area for a 1 to 2 week rotation. At the end of each rotation the technologist assigned to the student will complete a weekly performance evaluation in Trajecsys to rate the students overall performance for the rotation. See sample form in The student is scored based on the following scale:  
 1 = unsatisfactory, 2 = below average, 3 = average, 4 = above average, 5 = excellent  
 The weekly performance evaluations are averaged and are worth **10%** of the student's clinical grade.
2. Quarterly Student Evaluations – At the end of each quarter, all WVUH (Ruby Memorial Hospital) Nuclear Medicine Technologists will complete a quarterly evaluation on each student to rate his/her/their comprehensive knowledge based on amount of time in the program. The quarterly student evaluations are worth **20%** of the student's clinical grade.
3. Clinical Education Coordinator Quarterly Evaluation – At the end of each quarter, the clinical education coordinator will complete an evaluation of each student to assess: professional demeanor and documentation completion. The student is rated on a the following scale:  
 1 = unsatisfactory, 2 = below average, 3 = average, 4 = above average, 5 = excellent  
 The clinical education coordinator quarterly evaluation is worth **15%** of the student's clinical grade.
4. Qualifying Evaluations – Certain common nuclear medicine and PET/CT procedures requires the student to be "qualified" to perform the exam prior to attempting competency on the exam (denoted by an \* on course objective #16, clinical competencies as well as the clinical examination record). Each examination is worth 100%. The sum of the scores from clinical qualifying evaluations will be worth **15%** of the student's clinical grade.
5. Competency Evaluations – After successful completion of a clinical qualifying evaluation (if required), the student is eligible to attempt 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 be worth **40%** of the student's clinical grade. **\*\*NOTE:** It is the student's responsibility to inform the technologist he/she/they wishes to attempt exam competency PRIOR to performing any aspect of the exam.

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6. Overall Clinical Grade Requirements – All nuclear medicine students must pass each Applied 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 Scale:**

93%-100% = A; 86%-92% = B; 78%-85% = C; 70%-77% = D; <70% = F

### **Trajecsys Report System:**

The West Virginia University Nuclear Medicine Education Program has implemented the use of the Trajecsys Report System®. This system is an electronic based program that contains the student's qualifying and competency forms, all evaluation forms, student handbook, clinical handbook, all didactic lecture materials, and serves to track attendance. This system has replaced the traditional paper forms and evaluations. The student is required to purchase access to this system for the duration of the 12-month program (a one-time fee of \$100 paid directly to Trajecsys®)

Imaging Science Education Programs  
Nuclear Medicine

**NMT 402: Applied Procedures: Clinical Experience II**

Semester II

2025-2026

640 Clock Hours (approx.)

<b>Instructor(s):</b>	Tiffany D. Davis, M.A., R.T.(R)(N), CNMT Various staff technologists
<b>Prerequisites:</b>	NMT 401: Applied Procedures: Clinical Experience I
<b>Room:</b>	WVUH (Ruby Memorial Hospital) Nuclear Medicine Department WVUH (Ruby Memorial Hospital) PET/CT Department WVUH (Ruby Memorial Hospital, HVI) Nuclear Cardiology Department PharmaLogic Inc. Bridgeport, WV, Radiopharmacy
<b>Time:</b>	Monday-Friday, day shift. Hours vary: 6:30am-3:00pm or 7:00am-3:30pm. See clinical and didactic schedules/calendars for more specific information. There will be a one-week rotation in the spring semester at the radiopharmacy which will be a midnight shift rotation, 1:00am-9:30am, Monday-Friday
<b>Textbook:</b>	N/A
<b>Supporting Documents:</b>	Clinical Handbook and Trajecsys Report System

**Course Description:**

This course is conducted within West Virginia University Hospital and affiliate(s). Direct and indirect supervision will develop clinical skills through observation and participation in in-vivo, in-vitro, and therapeutic nuclear medicine procedures. Clinical rotations consist of ample experience in general nuclear medicine, PET/CT, cardiac imaging, radiation safety, and reading room. Clinical comprehension is evaluated through weekly performance evaluations and the performance of clinical competency evaluations.

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4. Facilitate or obtain informed consent, as appropriate.
5. Comply with current federal, regional, and institutional regulations regarding ionizing radiation.
6. Prepare all equipment according to the guidelines for each procedure.
7. Calculate dosage of adjunctive medications according to the guidelines for each procedure and follow institutional protocol for administration.
8. Prepare, measure, and administer radiopharmaceutical(s) in accordance with department guidelines.
9. Follow institutional protocols for blood withdrawal and radioactive labeling.
10. Select appropriate instrument and parameters for the procedure.
11. Position the patient appropriately for the procedure and acquire imaging view(s) and/or non-imaging data for complete procedure.
12. Process and analyze the data for physician interpretation, noting normal and abnormal bio-distribution of the radiopharmaceutical.
13. Evaluate image quality and inspect for artifact.
14. Describe the importance of adhering to a research protocol in imaging and non-imaging procedures.
15. Utilize up-to-date scientific evidence, clinical judgment, and patient information to make informed decision in performing diagnostic and therapeutic procedures.
16. Complete all clinical competencies outlined below:

## Imaging Science Education Programs

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### **Quality Control Procedures – Semester II:**

*(all must be completed in Semester II)*

SPECT Gamma Camera (Center of Rotation)  
Dose Calibrator (Linearity)  
PET or PET/CT (Reference or Blank Scan)

### **Radiopharmacy – Semester II:**

*(all must be completed in Semester II)*

Generator Elution / Moly Assay  
Radiopharmaceutical Kit Prep / QC

### **Nuclear Medicine and PET/CT Procedures (Diagnostic and Therapeutic)**

*(may complete any in Semester I; remainder to be completed in Semester II, prior to graduation)*

- \*Myocardial Perfusion – Rest
- \*Myocardial Perfusion – Stress
- \*Thyroid Uptake
- \*Thyroid Scan
- \*Hepatobiliary (HIDA)
- \*Gastric Emptying
- GI Bleed / Meckels / Liver\_Spleen (choose 1)
- \*Renal Function (Lasix)
- \*Tumor (F-18 FDG)
- \*Lung Ventilation (Aerosol) – Statics
- \*Lung Perfusion – Statics
- \*Skeletal – Total/Wholebody
- \*Skeletal – 3-Phase
- \*Bone SPECT or SPECT/CT
- \*Lung SPECT or SPECT/CT
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## Imaging Science Education Programs

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Nuclear Medicine

## Department Outline

### Governing Bodies

- The Joint Commission (inspection cycles and specific regulatory guides for healthcare organizations)
- 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 (Ruby) & The Market (HSC)
- HR
- Employee Health
- Other Ruby units
- Classrooms – HSC 2041 & 2041A
- Library – HSC
- Radiology Conference Room

### Confidentiality

- HIPAA

## Imaging Science Education Programs

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- Protect computer passwords, logout when not using system

## Patient Services

- Transporters – centralized system (teletracking computer system performed through EPIC)

## 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 OR long distance: area code+number)
  5. Pager system (on CONNECT, use directory, and choose pager for doctor you need, send text via computer)
- Patient Introductions-use Mr./Mrs./Ms./Miss –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 and store in lead lined cabinets, 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 SPECT/CT 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 and feet in front of device and check for contamination on hands. Log into NMIS. If contaminated, call me or have 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) (2<sup>nd</sup> floor HSC, room 2041A)
- 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, in scheduled area, and logged into Trajecsys 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 PTO 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 (will provided number) ,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 Personal Time Off Request in Trajecsys. 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, 3<sup>rd</sup> floor of hospital. Label your items well.

## Imaging Science Education Programs

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### Schedules

- Typical Clinic schedule – Monday - Friday
  - 7:00am-3:30pm: SPECT/CT rotations
  - 6:30am-3:00pm: Injection/Hot Lab rotation
  - 7:00am-3:30pm: Radiation Safety rotation, NM 7-8:30am, then radiation safety
  - 7:00am-3:30pm: PET/CT rotation (QC rotation in Jan is 6:15am-2:45pm)
  - 1:00am-9:30am: Radiopharmacy rotation
  - Subject to change at any time per the program director.
- Class schedule – Varies, (subject to change per Program Director, see monthly calendar in Trajecsys.)

**\*\*\*\*\*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  
2025**

**Nuclear Medicine Staff Technologists/  
Clinical Instructors**

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Kirbee Allard, RT(R)(N)  
Julianne Coddington, RT(R)(N)  
Rachel Dzimiera, RT(N)  
Jacquelyn Morgan, RT(R)(N)  
Megan Reda, BS, CNMT

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

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Taylor Gall, BS, RT(CT)(BD), CNMT  
Timothy Lion, CNMT  
Katie Madjerich, CNMT  
Jennifer Pettry, BA, RT(R)(N), CNMT  
Marka Potts, BS, RT(R)(N), CNMT  
Hannah Shreve, RT(R)(N)  
Katie Smith, BS, CNMT  
Logan Whetzel, AAS, RT(R)(N)

**Nuclear Cardiology Staff Technologists/  
Clinical Instructors**

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Debra Burton, BA, RT(N), NMTCB(CT)  
Danielle Kostelac, CNMT  
Maggie Sebeck, RT(N)  
Ellen Tucci, RT(R)(N)  
Felesha Ueltschy, RT(R)(N)

**PharmaLogic Staff Pharmacists/  
Clinical Instructors**

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Shelby Griffith, PharmD, AU, AES, RSO  
Carson Alderson, PharmD, AU  
Abigail Roach, Nuclear Pharmacy Tech  
Jeremy Shipp, Nuclear Pharmacy Tech  
Devin Boyce, Lead DOT/NPT Trainee

**Didactic Faculty**

---

Tiffany Davis, MA, RT(R)(N), CNMT  
Didactic Instructor, Core NM Courses  
R. Alfredo C. Siochi, PhD  
Didactic Instructor, Physics  
Christina Paugh, MA, RT(R)(T) and Tiffany Davis,  
MA, RT(R)(N), CNMT  
Didactic Instructors, Sectional Anatomy  
Christina Paugh, MA RT(R)(T), Tiffany Davis,  
MA, RT(R)(N), CNMT, and Brad Holben, MSHA,  
RT(R)(MR)  
Didactic Instructors, Hybrid Imaging  
Marka Potts, BS, RT(R)(N), CNMT, PET  
Didactic Instructor, PET/CT Course

**Administration**

---

Jennifer Pettry, , RT(R)(N)  
Molecular Imaging Supervisor  
Tiffany Davis, MA, RT(R)(N), CNMT  
NM Education Program Director  
Xiaofei Wang, MD  
Assistant Professor and Section Chief,  
Molecular Imaging  
Jay Morris, MA, RT(R)(CV)  
Education Manager  
Marka Potts, BA, RT(R)(N), CNMT  
Modality Specialist, PET/CT  
Candise Kerns  
Manager, Nuclear Cardiology  
Julianna Coddington, RT(R)(N)  
Modality Specialist, Nuclear Medicine  
Ellen Tucci, RT(R)(N)  
Lead Technologist, HVI



Imaging Science Education Programs  
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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 5, 2026.(Tentative)**  
\*\*\*The Venipuncture Competency must be completed by September 12, 2025.

## 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 Trajecsys.

Imaging Science Education Programs  
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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.

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- 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

### 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
2. Gastric Reflux
3. GI Bleed
4. Meckel's Diverticulum
5. DMSA Renal
6. Captopril Renal
7. Quantitative Lung Scan (Lung Perfusion only with ROIs and quantification)
8. OctreoScan
9. MIBG
10. Lymphoscintigraphy (breast or melanoma, must include images in department)
11. Cisternography: Routine
12. Cisternography: CSF Leak with pledgets, blood draw
13. Shunt Patency (VP or LP)
14. Y-90 SIRT MAA Liver/Lung Shunt Study
15. Nuclear Arthrogram Study
16. Bone Marrow Study
17. Salivary Gland Imaging
18. DaTscan
19. Neurolite Brain
20. Diamox Brain
21. Cardiolite Brain
22. Thallium Brain
23. PET/CT: Body (Somatostatin Receptor; Copper 64)
24. PET/CT: Amyloid Brain
25. PET/CT: WB Prostate
26. PET/CT: Body (ER Breast)
27. PET/CT: Head/Neck

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\*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 TX Blob scan
- Brain Death Study (never allowed to perform without direct supervision)
- Y-90 TX
- Lutathera TX, Pluvicto TX, Xofigo 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, etc.

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## Commonly Used Radiopharmaceuticals

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

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## **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>
<b>2</b>	<b>4.4</b>	<b>10</b>
4	8.8	15
<b>6</b>	<b>13.2</b>	<b>20</b>
8	17.6	25
<b>10</b>	<b>22.0</b>	<b>27</b>
15	33.0	35
<b>20</b>	<b>44.0</b>	<b>50</b>
25	55.0	55
<b>30</b>	<b>66.0</b>	<b>60</b>
35	77.0	70
<b>40</b>	<b>88.0</b>	<b>75</b>
45	99.0	80
<b>50</b>	<b>110.0</b>	<b>85</b>
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)
<b>Brain</b>	<b>Blood Flow, Tumor, etc</b>
MUGA	LV Blood (inside)
<b>MPI/MPS</b>	<b>Blood Flow to heart muscle (outside)</b>
Cisternography	CSF Leak
<b>Gastric Empty</b>	<b>Stomach (solids or liquids)</b>
GI Bleed	GI tract
<b>HIDA</b>	<b>Hepatobiliary System and GB function</b>
Lung Scan (VQ)	Ventilation and perfusion
<b>Lympho</b>	<b>Cancer spread (breast or melanomas)</b>
Meckel's Diverticulum	Gastric mucosa usually RLQ (children)
<b>OctreoScan</b>	<b>Detect tumors that have somatostatin receptors on the surface of cells (Hypothalamus, brain stem, GI tract, and pancreas)</b>
Ictal & Interictal	Seizures (epilepsy)
<b>Testicular Scan</b>	<b>Torsion versus epididymus</b>
Thyroid Scan	Image thyroid glands
<b>Thyroid Uptake</b>	<b>No image measure iodine (degree of functionality)</b>
WBC	Infection and inflammatory
<b>MIBG</b>	<b>Adrenal gland tumor imaging (neuroendocrinetumors) or found Outside of adrenal gland called paragangliomas (bladder, neck, thorax, abdomen, or pelvis) Neuroblastomas (adrenal medulla, mediastinal andretroperitoneal regions)</b>
Gallium	Infection and tumor
<b>Diamox</b>	<b>Blood flow to brain (Stroke / TIAs)</b>
DaTScan	Parkinsons Disease Brain SPECT
<b>Y-90 Sirspheres</b>	<b>Liver cancer treatment (non-resectable liver tumors)</b>

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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 2<sup>nd</sup> set of pictures (go from time of 2<sup>nd</sup> 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 2<sup>nd</sup> 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

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### **Thyroid Scan & Uptake**

-I-123: 200-300  $\mu\text{Ci}$

-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

-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 3<sup>rd</sup> 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