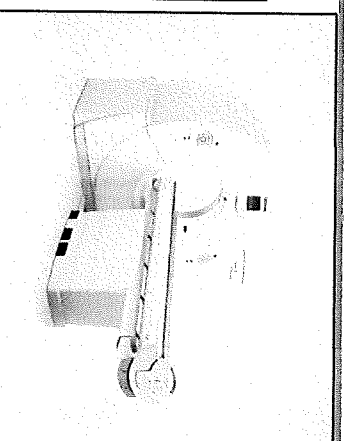


CT Exam Prep:

IV Access/ Location:	CT Exam:
18g -20g / Antecubital with luer-lock.	CT PE Protocol
18g -20g / Antecubital or power port with luer-lock.	* ALL CTA – require a high rate of contrast injection (>3cc/sec).
Any size / peripheral with luer-lock.	Routine CT exam with contrast
Non-acceptable IV's: Trifusion, non-power PICC, any unapproved dialysis catheter (Hickman, Groshong, Leonard, and Broviac), or DB Saf-T-Intima (butterfly angiocath).	

CT Contacts:

CT Charge North – (7AM): 314-747-9696
CT Charge South – (7AM): 314-362-5918
CT Charge Eve. – (5PM): 314-801-3932
CT Supervisor: Joe Lombardo
Office: (314) 362-3640
E-mail: jbl4756@bjc.org



CT Turnaround Time Expectations

- **Critical** : (complete within **60 minutes**) - CT exams ordered as “critical” will require immediate patient availability and transportation provided by the nursing division personnel. Patients not readily available will be re prioritized as a “today priority” and will be completed within the routine 12 hour window.
- **Urgent**: (complete within **120 minutes**) - CT exams ordered as “urgent” will require prompt patient availability. Once patient has been deemed ready by the nursing division, CT will contact transport to bring the patient to CT. Patients not readily available will be re prioritized as a “today priority” and completed within 12 hours.
- **Today**: (complete within **12 hours**) - CT exams ordered as “today” will be pre-scheduled for transportation based upon identified patient care need.

Pregnancy Screening:

- Required for females between the **ages of 12 to 50 years** prior to any **CT exam with contrast and/or direct exposure to abdominal or pelvic area.**
- If patient can reliably answer that 1.) she cannot be pregnant or that 2.) she has had a recent (<2weeks) complete menstrual period then it is reasonable to proceed with a medically indicated diagnostic CT exam without Hcg lab verification.

CT Contrast Administration:

- Valid Cr. labs are required for all contrast exams prior to CT for 1.) Any patient >age 64 and/or 2.) All patient’s with history of any renal insufficiency.
 - Cr. between 1.6 and 1.9 will require radiologist verification barring emergent medical necessity.
 - All patients must be screened for prior history iodinated contrast (IV dye) allergy prior to contrast administration.
 - For hives or other minor reactions, the patient should be pre-medicated and scanned in the routine fashion.
 - For severe anaphylaxis that would require epinephrine administration alternative modalities or non-contrast exams should be considered.
 - **(Routine – 13hr) Pre-medication Allergy Protocol:** Prednisone – 50 mg PO, 13, 7, and 1 hour prior to the procedure
 - Diphenhydramine – 50 mg PO 1 hour prior to the procedure
 - **(Urgent – 5hr) Pre-medication Protocol:** Hydrocortisone – 200 mg IV, two doses: 5 hours and 1 hour prior to the procedure.
 - Diphenhydramine – 50 mg PO (or IM or IV, if patient cannot take PO), one hour prior to the procedure (if patient’s blood pressure permits)
- Note: If preferred, methylprednisolone 40 mg IV can be substituted for hydrocortisone 200 mg, dose for dose.