

ST. LUKE'S HOSPITAL - NUCLEAR MEDICINE
Renal Exam Patient Assessment

Name: _____ Date: _____

MR# _____ Ordering Doctor: _____ Date of Birth: _____

Height _____ Weight _____ BUN _____ Date _____ Creat _____ Date _____

History _____

History of:	No	Yes
Urinary tract dilation	<input type="checkbox"/>	<input type="checkbox"/>
Surgery of urinary tract	<input type="checkbox"/>	<input type="checkbox"/>
Congenital urinary abnormalities	<input type="checkbox"/>	<input type="checkbox"/>

If yes, explain _____

Fluid Restrictions: No Yes

Renal failure: No Yes

Allergies: _____

Current Medications _____

Diuretics Held: No Yes N/A

ACE Inhibitors Held No Yes N/A

Exam Type (check box): CPT Code:

- 1 NM Kidney Imaging Morphology 78700
- 2 NM Kidney Flow Function without drug 78707
- 3 NM Kidney Flow Function with drug 78708
 Lasix Captopril
- 4 NM Kidney Flow Function (with and without drug) 78809
(Captopril Challenge with and without Captopril)
- 5 NM Kidney Imaging SPECT 78710

Does this patient need sedation? No Yes

- Oral or IV Sedation (Coordinate with Pediatric Charge Nurse at Ext. 7247)
- General Anesthesia (Coordinate with Anesthesia at 743-7300) and then notify OR scheduling at Ext. 8047 to put on schedule

Exam Charting:

Captopril: ___ No Yes ___ Dose _____ PO Time Given _____ By _____

Lasix: ___ No Yes ___ Dose _____ IV Time Given _____ By _____

Catheter: ___ No Yes ___ Per Doctor _____

Post Injection Syringe Activity: _____ @ _____:_____ (hr:min)

Pre-Injection Activity: _____

Comments:

__ Vital Strip:



Radionuclide Renal Scans

<u>Exam</u>	<u>CPT</u>	<u>Description</u>
1	78700	NM Kidney imaging morphology/DMSA (relative split function with DMSA)
2	78707	NM Kidney morphology with vascular flow and function, single study without pharmacological intervention (no ACE, no Lasix)
3	78708	NM Kidney morphology with vascular flow and function, single with pharmacological intervention (intervention is ACE and/or Lasix)
4	78709	NM Kidney morphology with vascular flow and function, multiple study with and without pharmacological intervention (with and without ACE; done on same day. (Lasix given per NM protocol).
5	78710	Kidney imaging morphology; tomographic (SPECT) DMSA

Applications

- 1 This is a simple L/R split. May be useful for serial follow-up i.e., following children with vesicoureteral reflux
- 2 General assessment of global and individual kidney function and drainage with MAG-3 (no pharmacological intervention)
- 3 General assessment of global and individual kidney function and drainage with MAG-3 and Lasix. (MAG-3 with Lasix)
- 3 Used to differentiate obstructive from non-obstructive pyelocaliectasis i.e. UPJ obstruction vs reflux, etc. (MAG-3 with Lasix.)
- 3 MAG-3- with Captopril; generally used to screen for renovascular disease. Accurate test will require patient to hold ACE inhibitors for 2-5 days as is clinically possible (2 days for Capoten, 4-5 days for all other ACE inhibitors). Requires a Creatinine within 60 days of exam
- 4 With and without Captopril screening for renovascular disease. Requires a Creatinine within 60 days of exam
- 5 Helpful in evaluation of equivocal findings for solid tumors on Ultrasound or CT.

Preps

1. None
2. 16 ounces water 2 hours before appointment
16 ounces water 1 hour before appointment
Amount of fluid for pediatric patient will be adjusted accordingly.
For patients on fluid restrictions, consult a radiologist.
3. Patients 60 years or older with known kidney disease, HTN, or diabetes must have a Creatinine drawn within 60 days of the renal scan.
16 ounces water 2 hours before appointment
16 ounces water 1 hour before appointment
Amount of fluid for pediatric patient will be adjusted accordingly.
For patients on fluid restrictions, consult a radiologist.
Hold diuretic the day of the exam.
Additional Prep for Captopril Challenge
Water only 4 hours before exam
Hold ACE inhibitors (2 days for Capoten; 3-4 days for all ACE's)
Hold diuretics for 2 **DAYS** before exam
If a patient cannot tolerate holding their medications, the ordering physician should discuss this patient with a radiologist in advance. In most cases, the exam can proceed with the knowledge that there may be a decrease in test sensitivity of the patient is done on their ACE or diuretic medications.
4. Patients 60 years or older with known kidney disease, HTN, or diabetes must have a Creatinine drawn within 60 days of the renal scan.
16 ounces water 2 hours before appointment
16 ounces water 1 hour before appointment
Amount of fluid for pediatric patient will be adjusted accordingly.
For patients on fluid restrictions, consult a radiologist.
Hold diuretic the day of the exam.
Additional Prep for Captopril Challenge
Water only 4 hours before exam
Hold ACE inhibitors (2 days for Capoten; 3-4 days for all ACE's)
Hold diuretics for 2 **DAYS** before exam
If a patient cannot tolerate holding their medications, the ordering physician should discuss this patient with a radiologist in advance. In most cases, the exam can proceed with the knowledge that there may be a decrease in test sensitivity of the patient is done on their ACE or diuretic medications.
5. None