GUNDERSEN HEATLH SYSTEM NUCLEAR MEDICINE DEPARTMENT PROTOCOL MANUAL

PROCEDURE: G.I. BLEED

SECTION: GASTROINTESTINAL 4.1

ORIGINAL DATE: 12 - 29 - 99

DATE REVISED: 9-22-16

REVIEWED: ANNUAL

Refer to Policy Nuclear Medicine/Administration 1.45 "RBC and WBC administration procedure"

Indications	Localization of gastrointestinal bleeding sites.		
	Localization of non-gastrointestinal bleeding sites.		
Contraindications	No barium studies 2 days prior to exam.		
Exam time length	Variable depending on whether and when the site of bleeding is identified.		
	The study may be terminated as soon as the site is identified.		
	Imaging can be performed for up to 24 hours with a single injection of radiopharmaceutical. Usually the patient will not tolerate lying under the camera for more than 3 hours at a time. However, imaging may be stopped and restarted.		
Patient Preparation	No barium studies 2 days prior to exam.		
Radiopharmaceutical & Dose			
	Red blood cell labeling method (in vitro method): Use RBC labeling kit (Anazao Health) or Ultratag kit (Mallinckrodt) Dose: Adult: 35 mCi. Pediatric: 0.2 mCi/kg (Dosing Range 1 - 26 mCi)		
Administration	Standard intravenous injection.		
Technique			

Time interval between tracer injection and imaging	Scanning begins at time of injection.
Collimator	Large field of view. Low energy, high resolution, parallel hole.
Patient position	Supine. Imaging field: Usually abdomen and pelvis; may exclude uppermost abdomen. (Occasionally position over a different part of the body depending on suspected site of bleed.)
Energy	20% window centered at 140 keV.
Matrix	128 x 128
Time /View	Initial flow: anterior, 5 seconds per frame for 60 seconds. Acquire serial 60 second images for 60 minutes.
Images taken	Anterior flow. Images in other projections may be acquired if needed, e.g. R LAT or L LAT.
Screen caps to make	Flow – 1hr at 5 minutes/image (16 on 1), Planar Statics (16 on 1).
Send to FUJI	Screen caps, raw data
Send to Dr. PET	None

STATIC ACQUISITION PARAMETERS

Additional notes	Imaging may be resumed without an additional radiopharmaceutical injection for up to 24 hours.
	Recommended per Dr. Manske, delayed random views at 6 hours if not after 10:00 pm often are helpful and are strongly suggested. Radiologist needs to write an order for re-imaging any time patient rebleeds.
	Radiologist should call report to patient's physician.