

PREPARATION OF PEDIATRIC PATIENTS FOR RADIOGRAPHIC PROCEDURES

Genitourinary Tract - If both genitourinary and gastrointestinal radiographic examinations are to be performed on the same day, genitourinary studies or ultrasound studies should be performed first. (The contrast media/barium used for imaging during gastrointestinal radiographic studies will interfere with imaging during ultrasound or genitourinary studies.)

1. **IVP** (intravenous urogram)
 - a. No solids the morning of the examination or 4 hours before the
 - b. examination.
 - c. Fluids should be given freely.
 - d. For infants, skip the last feeding before the examination, bring bottle to
 - e. feed afterwards.
2. **VCUG** (voiding cystourethrogram) No preparation is necessary.
3. **RUG** (Retrograde urethrogram) No preparation is necessary.
4. **VANGINOGRAM** No preparation is necessary.
5. **GENITOGRAM** in intersex situations. No preparation is necessary.

Gastrointestinal tract - Genitourinary examinations, ultrasound examinations, and nuclear medicine examinations should precede gastrointestinal studies if more than one examination is to be performed.

1. **U.G.I., ESOPHAGRAM, SMALL BOWEL**
 - a. Newborns - 6 months: Nothing by mouth (NPO) 2-3 hours before the examination.
 - b. 6 months - 3 years: Nothing by mouth (NPO) 3-4 hours before the examination.
 - c. Over 3 years: Nothing by mouth (NPO) 6 hours before the examination.
2. **G.I. A/C** (air contrast/double contrast G.I.) NPO 8 hours before the examination.
3. **Barium Enema** (B.E. single contrast) NPO at least 3 hours prior to the examination
4. **Barium Enema** (suspected Hirschburg's) no prep.
5. **Barium Enema A/C** (ACBE, air contrast barium enema) Air contrast enemas are indicated rarely in young children and almost never in infants. **Because of the**

vigorous preparation necessary, each case should be discussed with the radiologist before the enema is scheduled. The preparation protocols outlined below should be considered to be guidelines rather than absolute prescriptions.

No preparation should be given to children when severe inflammatory bowel or acute abdominal disease is suspected. Doses must be adjusted for age and size.

- a. Neonate: Liquid diet for 24 hours before the examination, with clear liquids for the last 12 hours.
- b. 1 - 3 years: Liquid diet for 24 hours before the examination, with clear liquids for the last 12 hours. Castor oil 1-2 teaspoons (depending on age) or magnesium citrate 1.5 oz. on the day before the examination. A repeat dose may be necessary.
- c. Over 3 years: Low residue diet for 3 days before the examination, with clear liquids for the last 24 hours. Day before exam: castor oil 2 teaspoons (young children) to 2 tablespoons (older children and young adults) or magnesium citrate 1.5 - 7 oz. depending on age and size or 1-2 Bisacodyl tablets (5 mg) in children old enough to swallow tablets. Fleet enema the morning of the examination.

Reference: Kirks Pediatric Radiology

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