

Memorandum

To: Mary K. Greene, MD.
Anne L. Calkins, MD.
Dawn Light, MD.
Mark Warren, DO.
Mark J. Halsted, MD
Frank Plank, DO.

From: Elizabeth H. Ey, M.D.

Date: January 11, 2013

Re: Updates



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- **Sedation for MVH NICU transports for MRI** – Babies from the NICU at Miami Valley Hospital are transported to Dayton Children’s for MRI services in order to have a pediatric radiology reading. Babies transported here from MVH for imaging studies remain under the care of the MVH neonatologist. The neonatologists at MVH are not all credentialed at Dayton Children’s. The transport team uses pre-approved order sets to care for the infants during the transport. The transport team does not carry sedation drugs with them. Most of the time, the MR studies are performed without sedation. On occasion, the baby needs to be sedated to accomplish the MRI. The neonatologists have a pre-approved sedation regimen for these occasions. In order for the transport team to have access to the drugs from the Pyxis, they need an order from the radiologist. These orders are written in advance on a paper order sheet (on file in the MRI file cabinet). If the patient has had enteral feedings, oral/NG chloral hydrate is given at 50 mg/kg dose. If IV sedation is required, the preapproved doses are: Versed IV 0.05 mg/kg; Fentanyl IV 1 mcg/kg; and Nembutal IV 1.5 mg/kg with each to be titrated to effect. These doses are documented in the agreement which is in the MRI department. Please be willing to hand write these dosages if requested for the babies transported from MVH for MRI studies. If you have questions or concerns, please let me know.
 - **GJ Tubes and broken guide wires** – On two occasions in December, an 0.035 Coons wire was broken while trying to remove it during replacement of a MIC low profile GJ tube. (One tube was 16F, 30 cm, 1.5 stoma length and the other was 18F, 30 cm, 2.5 stoma length.) In order to avoid this happening again, please always instill 3 cc of vegetable oil (located next to the GJ tubes and wires in the tech area) through the J port prior to using a guide wire in the low profile GJ tubes. Slide the wire through the tube several times to insure it is adequately lubricated before trying to place it in the patient. This should reduce the friction between the silicone of the tube and the guide wire. Once the GJ tube is in the patient, if the guide wire does not come out of the tube easily, DO NOT PULL ON IT. Instead, remove the entire GJ tube and wire. You can try to remove the wire once the tube is outside the patient or you can begin again with a new GJ tube.
 - **Radiologist work attitude** – Please be mindful of your attitude when discussing cases with radiology personnel, hospital staff, and families. This has been problematic mostly with swallowing function tests performed with the speech pathologists. In a recent circumstance, the radiology tech was quoted as having said that “none of the radiologists likes to perform MBS.” Whether this is true or not, it is hurtful to the families and the speech pathologists.
 - **Weekend nursing coverage for Medical Imaging** – In the winter during high patient census, the radiology nurses are called upon to cover sedation over the weekends for patients in Medical Imaging. This is scheduled to begin Jan. 18 and end after March 17. The radiologist on call will determine if a sedated procedure needs to be performed during the weekend and the front office staff and technologists will be responsible for making the arrangements with the on call Medical Imaging nurse.
 - **Next radiologist meeting** – Monday, January 28 at 12:30 pm in the **Radiology Conference room**. If you have an agenda item to discuss, please forward it to me in an e-mail. Lunch will be provided.