

Memorandum

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

From: Elizabeth H. Ey, M.D.

Date: July 20, 2015



- **Extended Downtime** – I sincerely appreciate everyone’s patience as we work through the ongoing downtime issues with registration numbers in HBOC. From what I am told, the problem should be resolved by August 1. Each day going forward, the number of preliminary reports we have to give should be decreasing. The IS team is working to assign increasing sequential registration numbers each day. Please continue to type in preliminary results, date and time and then mark the study dictated.
- **Gadavist** – Andrea Lillie is updating the MRI protocol manuals to indicate Gadavist as the contrast agent we use routinely for MRI studies. Once the manuals are complete, we will switch over to Gadavist (gadobutrol) completely and will not be using Magnevist. As you recall, Andrea recently sent us this information regarding Gadavist.
 - Patients with GFR greater than 30 are at low risk for development of NSF from use of Gadavist
 - No dose limit by weight. The Bayer dosing schedule stops at 140 kg (308 lb) with dose 14 cc.
 - Can re-dose safely after 12hrs (6 half-life’s); about same as half-life of Magnevist
 - Not labeled for arthrograms, but will be using for MR arthrograms using half the dose normally used of Magnevist to yield the same result
 - Can power inject up to 2cc per second
 - May show up on CT if done after MR contrast as we have seen with Magnevist
 - High relaxivity and macrocyclic – less dissociation of gadolinium
 - Listed as low risk by ACR as opposed to Magnevist being listed as high risk
 - For MRA may visualize better bolus due to concentrated volume
 - Labeled for use in pediatric patients including term neonates (>37 weeks gestation) at a dose of 0.1ml per kg body weight for intravenous injection
- **Contrast Uses** – I recently gave a short presentation on the contrast agents we use in Medical Imaging. While preparing for the presentation, I learned that CystoConray is ionic and hyperosmolar with indication for use in the bladder and urinary tract. It can induce pulmonary edema if aspirated. It is not recommended for use in the upper GI tract. As an alternate water soluble contrast in the upper GI tract, I would suggest using Optiray 240 or Omnipaque 240. These agents are nonionic and are less hyperosmolar. Approved uses of Omnipaque 240 include in the upper GI tract as well as intrathecal.
- **Portable phones** – The technologists and MI staff have recently raised concerns about confusion for how to reach the correct radiologist for the modality they are covering during the various parts of the days. We had a meeting to discuss options. The staff were clear that for safety and clarity, they prefer one phone number for modality whenever possible. The radiologists were also clear they wanted to carry only one phone. Melanie Wilson has agreed to obtain a cordless phone for Springboro. I updated the weekly schedule to reflect which phone number to call at what hours. In order to improve communication and patient safety, the radiologists at the main campus must help by forwarding the phone numbers they are covering to the phone they are carrying. April Madden, Ben McNeely, or I can show you how to forward and un-forward the phones. Please find attached a grid of what phone to carry, forward, or un-forward based on the time of day (beginning or ending the shift). Let’s try this for a few weeks and see how things work.
- **Next radiologist meeting** – Monday, Aug 24 at 12:30 pm in the lab conference room. If you have an agenda item to discuss, please forward it to me in an e-mail. Lunch will be provided.

6:30 AM Arriving	Un-forward 4949 and Carry
	Forward 4947 to 4949 then leave in charger
	Forward 4948 to 4949 and leave in charger
9:00 AM Arriving	Un-forward 4948 and Carry
10:00 AM	Forward 4947 to 5271 and leave in charger
1:30 PM Leaving	Forward 4949 to 4948 and leave in charger
4:00 PM Leaving	Un-forward 4947 and leave in charger/give to 4 pm doctor Forward 4948 to 4947 and Leave in charger
4:00 PM Arriving	Un-forward 4949 and forward to 4947, leave in charger Carry 4947
11:00 PM Leaving	Turn off 4947 and leave in charger

US Tech	
10:00 AM – 5:00 PM Outpatients	Call 5721
5:00 PM – 11:00 PM	Call 4947
Main Hospital Patient Questions/Concerns Anytime	Call 4949