

Protocol for paediatric patients having 'next day' MRI/CT under GA

1. The decision for 'next day' MRI/CT is made by a consultant paediatrician, who will refer and discuss with a consultant radiologist (e.g. Dr Hattingh or Dr Elliott). Following this, the paediatric team will book the scan (MRI/CT) via EPR with radiology. If it is appropriate to perform the scan on an upcoming **elective** MRI/CT lists then this can be arranged at this point. Otherwise follow the protocol below.
2. Paediatrics to refer to **acute anaesthetic team** (Ex 4328 Nucleus 3; Ex 4334 Nucleus Theatres office). This should be a **consultant to consultant** referral to communicate patient's medical history and reason for scan and how urgent it is. Patient is to be booked with the acute theatre and this can be done over the telephone with the consultant anaesthetist. The following will be required at this stage:
 - Patient name and Date of Birth**
 - MRN and NHS number**
 - Ward**
 - Admitting Consultant and contact number**
3. Consultant anaesthetist will visit the child on the ward for assessment for **suitability** for MRI/CT under GA at Bradford.
4. Consultant anaesthetist will contact MRI team leader on *53134 or CT team leader on *53138 to confirm scan can go ahead. These numbers are staffed until 20.00. Every effort should be made to perform scan the next day at 08.30.
5. Consultant anaesthetist will inform Nucleus Theatres Team Leader that a scan is planned for following morning so ODP is made aware and makes necessary preparations for 08.30 scan. They will also contact the consultant anaesthetist for the following day to inform them of the arrangements.
6. MRI or CT team leader to ensure a radiologist is available at 09.00 to review the scan and decide on the need for further scans/contrast.
7. Consultant anaesthetist to contact the consultant paediatrician and confirm the arrangements and plan for starvation of the child. This will normally be 6 hours for food/non-breast milk; 4 hours for breast milk only; 1 hour for **clear** fluids. So for a scan at 0830 this would be food up to 0200 and fluid up to 0600. Consultant paediatrician will then inform the ward, including the arrangements for starvation period.
8. If the scan cannot be undertaken as planned then the MRI or CT team should be informed as soon as possible after 08.00 e.g. an emergency case in theatre already. An alternative arrangement can often be made e.g. give a clear drink only and re-visit trying to do the scan later in the same morning/at lunchtime. It is not uncommon for anaesthetic availability to change during the course of the morning, permitting rescheduling of the scan. This should be communicated to the ward by the acutes anaesthetic team.

Dr A Hatfield
Dr S Gorman
Mrs K Clough
Dr L Elliott