



MOUNT SINAI HOSPITAL POLICY & PROCEDURE

POLICY TITLE:	Non- IR Contrast Administration and G-Tube Checks		
POLICY NUMBER:		POLICY OWNER:	ED/Radiology
ORIGINAL DATE OF ISSUE:	10/2024	LAST REVIEWED DATE:	
EFFECTIVE DATE:			

CROSS REFERENCE:

I. Goals

- A. To ensure a clear outline of ownership of contrast injection
- B. To identify a clear process for obtaining gastrostomy tube check studies

II. Indications

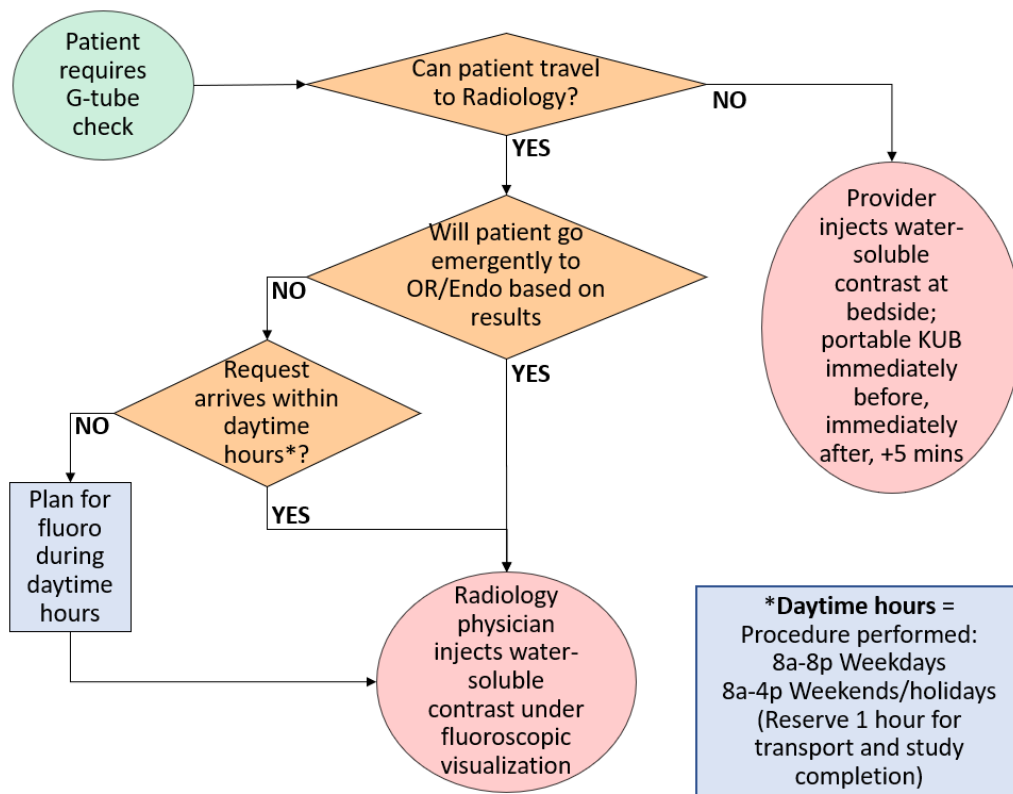
- Patient requires an imaging study that requires contrast administration.
- Patient has a gastrostomy tube that requires evaluation to ensure correct placement.

III. Protocol

- The table below identifies the appropriate party responsible for contrast administration depending on the location of the study, type of study, and route of contrast administration.

Contrast	Modality	Done in Radiology	Not in Radiology (floor/ED/ICU)	Injecting Personnel (ADULT)	Injecting Personnel (PEDIATRIC)
Intravenous	CT or MRI	X		Tech (when cert by NYS) Otherwise, RN	Tech (when cert by NYS) Otherwise, RN
NG Tube (Upper GI)	Fluoro	X		Radiology MD	Ped Rad MD or RN
	Serial Radiographs		X	Floor/Unit personnel	Floor/Unit RN
G-Tube Checks	Fluoro	X		Radiology MD	Ped Rad MD or RN
	Serial Radiographs	X		Radiology MD	Ped Rad MD
	Serial Radiographs		X	ED/ICU Provider	Ped Rad MD
Rectal	CT	X		Clinical Provider (often surgery)	Clin Service MD
Bladder	CT	X		Urology provider	Urology provider or Ped Rad MD
Intrathecal/ Myelography	CT/Fluoro	X		Neuroradiology MD	Neuroradiology MD

- To order a gastrostomy tube check, place one of the three following orders
 - Gastrostomy Cath Check (IMGFL2050) – check under fluoroscopic visualization
 - XR Gastrostomy Cath Check KUB (IMGXR9164) – check with x-ray in radiology
 - XR Gastrostomy Cath Check KUB Portable (IMGXR9163) – check with x-ray outside radiology
- In general, gastrostomy tube checks should be performed in the Radiology department under fluoroscopy whenever possible.
 - Water-soluble contrast is the default agent for checking positioning and evaluating for possible leak.
 - The patient's clinical scenario will determine urgency. If there is no specific clinical urgency, fluoroscopic assessment is available within standard daytime hours.*
 - If the patient cannot travel safely to the department, a portable study may be approved. Note that portable studies are not optimal; for example, if a lateral view cannot be obtained, an anterior leak cannot be excluded.



- G-Tube Contrast Injection Protocol in Radiology (preferred)
 - Obtain non-contrast supine abdominal radiograph
 - If patient can tolerate, turn to RPO/right lateral to capture spots of filling distal stomach/duodenum. If patient cannot tolerate, image supine.
 - Under intermittent fluoro inject 50ml of water soluble contrast. Capture spots as appropriate to document. Inject 50ml of room air into tube.
 - Obtain supine abdominal radiograph at least 2-3 minutes after injection in completed.
- G-Tube Contrast Injection Protocol not in Radiology
 - Obtain non-contrast supine abdominal radiograph
 - Position patient RPO/right lateral, if possible, to fill distal stomach and small bowel. Otherwise inject supine.



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- 3) Inject 50ml of water soluble contrast followed by 50ml of room air into tube.
 - 4) Obtain supine abdominal radiograph 2 minutes after injection. Some contrast will flow back to the fundus.
- On either technique assess for:
 - 1) Contrast outlining gastric rugal folds
 - a. YES: in lumen
 - b. NO: Outside lumen
 - 2) Contrast in the small bowel
 - a. YES: in lumen
 - b. NO: Outside lumen
 - 3) Separate gas that could be stomach
 - a. NO: single bubble in lumen
 - b. YES: bubble could be outside
 - 4) Any extravasation?
 - a. NO: in lumen
 - b. YES: likely outside lumen

REVIEW/REVISION HISTORY

<i>Reviewed</i>					
<i>Revised</i>					