



**PHYSICIAN'S ORDERS
RENAL SCAN WITH OR WITHOUT
DIURETIC (PAEDIATRIC)**

Weight: _____ (kg)

Allergies: _____

**To complete the order form, fill in the required blanks and/or check the appropriate boxes.
To delete orders, draw one line through the item and initial.**

Pre Renal Scan Preparation:

Weigh patient

Baseline vital signs (TPR and BP)

Insert urinary catheter with drainage bag if any of the following criteria are met:

- Patient is **NOT** toilet trained
- Patient is known to have vesicoureteral reflux
- Patient has a neurogenic bladder or hydroureter
- Patient has ureterovesical junction (UVJ) obstruction
- Patient has a renal transplant

Renal Scan Hydration:

Start IV normal saline TKVO, begin hydration 15 minutes prior to renal scan.

Less than 6 months of age	
NS _____ mL (10 mL/kg) IV	Infuse half the volume _____ mL over 15 minutes prior to administration of radioisotope. Infuse remaining volume _____ mL during renal scan acquisition.
Greater than or equal to 6 months of age	
NS _____ mL (15 mL/kg) IV	Infuse half the volume _____ mL over 15 minutes prior to administration of radioisotope. Infuse remaining volume _____ mL during renal scan acquisition.

Continue IV normal saline TKVO until review of images by Radiologist.

Remove urinary catheter and IV when Radiologist has confirmed images are complete.

_____ Date

_____ Time

_____ MD SIGNATURE

Renal Scan Procedure:

Medical Radiation Technologist (MRT) to give furosemide _____ mg (0.5 mg/kg, maximum 20 mg) IV as **directed by the Radiologist**.

MAR: Furosemide _____ mg IV given by _____ (MRT) Date _____ time _____

Calculation: (Based on furosemide injection = 10mg/mL)

$$\frac{0.5 \text{ mg}}{\text{kg}} \times \text{_____ kg} \times \frac{1 \text{ mL}}{10 \text{ mg}} = \text{_____ mL}$$

Post Renal Scan:

Vital signs (pulse, respirations and BP) x 1 if diuretic given during procedure.

Notify radiologist if vital signs abnormal.

_____ Date

_____ Time

_____ MD SIGNATURE