PREPS FOR PEDIATRIC IMAGING STUDIES
revised by Henrietta Kotlus Rosenberg, MD, FACR
2019

US RENAL/BLADDER

Well hydrated.

Infants: give usual feeding 15 minutes before exam
Children: 8-16 oz. water upon arrival (no carbonated beverages)
Adolescents/young adults: 32 oz. water upon arrival (no carbonated beverages)

US PELVIS

Well hydrated.

Infants: give usual feeding 15 minutes before exam
Children: 8-16 oz. water upon arrival (no carbonated beverages)
Adolescents/young adults: 32 oz. water upon arrival (no carbonated beverages)

US ABDOMEN

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<thead>
<tr>
<th>Age Group</th>
<th>NPO Time Prior to Exam</th>
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<tbody>
<tr>
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<td>3 hours</td>
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<tr>
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US ABDOMEN/PELVIS

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For potty trained patients, advise to arrive with full bladder if possible and not to empty bladder until pelvic portion of the examination is completed. If the child cannot cooperate, the abdominal portion of the examination will be completed and following that, the patient will be advised by the sonographer as to how much to drink to fill the bladder as quickly as possible so that pelvic portion of the examination can be performed.

US LIMITED ABDOMEN FOR SMALL BOWEL IN PATIENTS WITH CROHN’S DISEASE

No solid foods for 3 hours prior to exam.
No liquids for 1 hour prior to exam.

US ADRENALS

NPO for 2 hours prior to exam.

US ADRENALS & PELVIS COMBO
NPO for 2 hours prior to exam.

For potty trained patients, advise to arrive with full bladder if possible, and not to empty bladder until pelvic portion of the examination is completed. If the child cannot cooperate, the abdominal portion of the examination will be completed and following that, the patient will be advised by the sonographer as to how much to drink to fill the bladder as quickly as possible so that pelvic portion of the examination can be performed.

**US PYLORUS**
NPO 3 hours prior to exam.

**US INTUSSUSCEPTION**
No prep.

**US FOR APPENDICITIS**
Advise patient not to void if potty trained.
Infants – 10 years : 2-16 oz water as tolerated
10 years – young adult: 32 oz water as tolerated.

**US INFANT HIP FOR DEVELOPMENTAL DYSPLASIA (DDH)**
NPO 3 hours prior to exam.
Bring along bottle of breast milk or formula to be fed to the baby during the sonogram so that infant is calm during the exam.

**US HIP FOR EFFUSION**
No prep.

**US SPINE**
Feed infant 30 minutes prior to examination.

**US HERNIA – MISCELLANEOUS (e.g. DR. DIVINO PATIENTS)**
No prep.

**US/DOPPLER SCROTUM**
No prep.

**US/DOPPLER THYROID**
No prep.

**US SUPERFICIAL SOFT TISSUE MASS**
No prep.

**UGI, SBS, AND UGI WITH SBS**

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<th>Age Range</th>
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Suggest to parent that they bring something for the child to read or to be entertained by, e.g. video game, movie) as the examination may take 1 – 4 hours.
BE

If diagnosis is for Hirschsprung’s or chronic constipation:
No prep.
For 2 days prior to BE:
- no rectal exams
- no rectal stimulation
- no rectal thermometers
- no suppositories
- no enemas

If diagnosis is not Hirschsprung’s disease, stricture, pre-op for reanastomosis, intussusception, or constipation:
Speak with pediatric radiologist before scheduling. Prep will be ordered as per pediatric radiologist.

CONTRAST ENEMA FOR INTUSSUSCEPTION
No prep.

VCUG
NPO 1 hour prior to exam.

Fistulogram
Speak with pediatric radiologist before scheduling who will advise re prep depending on anatomical part being examined.

BODY CT: NON-CONTRAST*
No prep.
* If anesthesia is required, follow prep guidelines of Department of Anesthesiology.

BODY CT: CONTRAST
NPO 2 hours prior to exam.
* If anesthesia is required, follow prep guidelines of Department of Anesthesiology.

BODY MRI
No prep.
*If anesthesia is required, follow prep guidelines of Department of Anesthesiology.