

## Brain DaTscan® (I-123 Ioflupane) SPECT CHECKLIST

**At time of scheduling**, contact ordering provider with following questions:

1) Is the patient taking any of these medications?

Medication	Days to be stopped before test	Is Patient Taking This Medication? (circle one)	Provider agreed to have patient stop for days listed before the test?
Amphetamine	7	Y N	Y N N/A
Amphetamine	8	Y N	Y N N/A
Benzatropine	5	Y N	Y N N/A
Bupropion	8	Y N	Y N N/A
Cocaine	2	Y N	Y N N/A
Dexamphetamine	7	Y N	Y N N/A
Ephedrine and Pseudoephedrine	1	Y N	Y N N/A
Mazindol	3	Y N	Y N N/A
Methamphetamine	3	Y N	Y N N/A
Methylphenidate	2	Y N	Y N N/A
Modafinil	3	Y N	Y N N/A
Phentermine	14	Y N	Y N N/A
<small><i>Adapted from Kagi et al., The Role of DAT-SPECT in movement disorders. J Neurol Neurosurg Psychiatry. 2010;81:5-12.)</i></small>			

2) Will you prescribe a benzodiazepine (anti-anxiety medication) for the patient to take at the time of the procedure, to help them hold still for 30-45 minutes straight and avoid claustrophobia?    Y    N

**\*\*If no**, why not?

3) Does the patient have problems with liver or kidney function?    If so, severity?

4) Has the patient had any brain imaging studies (MRI, PET, CT outside UNMH)?    Y    N

**\*\*If yes**, can the patient or provider obtain these studies and bring them or have them uploaded?    Y    N

Person completing this checklist: \_\_\_\_\_ Date \_\_\_\_\_

Attending radiologist review: \_\_\_\_\_ Date \_\_\_\_\_

**Before ordering the dose**, contact the patient/caregiver to confirm:

1) Appointment date/time: \_\_\_\_\_

2) That they have stopped or will stop the above medications per their provider's instructions, for the number of days listed (***review entire checklist above with the patient or caregiver***):    Y    N

3) That they will bring benzodiazepines (anti-anxiety medication), if prescribed by their provider, to take at the time of the procedure.    Y    N    If yes, another person must drive the patient home:    Y    N    N/A

4) That they will bring their medication list to the test:    Y    N

Person completing this checklist: \_\_\_\_\_ Date \_\_\_\_\_

## Brain DaTscan® (I-123 Ioflupane) CHECKLIST (continued)

**On the day of the exam**, review the following with the patient/caregiver BEFORE administering the dose:

1) Medication review:

Medication	Days to be stopped before test	Is Patient Taking This Medication? (circle one)	Patient stopped the med for days listed before the test?
Amphetamine	7	Y N	Y N N/A
Amphebutamone	8	Y N	Y N N/A
Benzatropine	5	Y N	Y N N/A
Bupropion	8	Y N	Y N N/A
Cocaine	2	Y N	Y N N/A
Dexamphetamine	7	Y N	Y N N/A
Ephedrine and Pseudoephedrine	1	Y N	Y N N/A
Mazindol	3	Y N	Y N N/A
Methyamphetamine	3	Y N	Y N N/A
Methylphenidate	2	Y N	Y N N/A
Modafinil	3	Y N	Y N N/A
Phentermine	14	Y N	Y N N/A
<small>Adapted from Kagi et al., The Role of DAT-SPECT in movement disorders. J Neurol Neurosurg Psychiatry. 2010;81:5-12.)</small>			

2) Relevant medical history:

a) Past or current drug use, head trauma, stroke, psychiatric illness, epilepsy, or tumor.

b) Neurologic symptoms: type, duration, and left or right sidedness.

c) Problems with liver or kidney function?

d) Current medications and when last taken:

e) Patient's ability to lie still for approximately 30–45 min.

3) Discussed possible side effects of the medication (rare): **Y**

a) Allergic reaction to the drug (rash and itching within minutes)

b) Pain at the injection site

c) Headache, nausea, dizziness (vertigo), dry mouth (<1% of patients)

4) Instruct patient to drink lots of fluids starting now, for the next 2 days. **Y**

Person completing this checklist: \_\_\_\_\_ Date \_\_\_\_\_