The purpose of these guidelines is to promote the provision of a high quality Nuclear Medicine service that is responsive to the specific needs of children.

This will include aspects of effectiveness, safety and timeliness. These guidelines should be read in conjunction with the adult service generic guidelines.

Facilities

Special facilities should be provided in centres performing more than 200 paediatric investigations per year. These should include:

1. Safe play area with suitable toys.
2. Nappy changing facilities.
5. In centres that are not paediatric specialist hospitals set paediatric sessions should be identified including staff with appropriate paediatric skills including a suitably skilled and trained paediatric venepuncturist.

Patient referral

1. A child-friendly, illustrated information leaflet should be sent with the appointment letter.
2. Parents/carers should accompany the child for the study.

Performance of Study

1. The pregnancy status of teenage girls should be checked in accordance with Trust Employers procedures under IR(ME)R 2000.
2. The administered activity should be according to the recommendations of the ARSAC Notes for Guidance.
3. The activity administered should not be less than that recommended by the European Association of Nuclear Medicine Paediatric Guidelines.
4. Children should only be sedated when absolutely necessary. Local paediatric advice should be sought on type of sedation to be used.
5. Local anaesthetic cream should be used at the venepuncture site in infants and children over one year old.
6. Venepuncture will be carried out by an individual trained in paediatric IV injections in accordance with IRR 1999 and IR(ME)R 2000. A butterfly
needle attached to a three-way tap is recommended. Expert paediatric assistance will be sought after two attempts.

7. Suitable positioning aids, e.g sandbags and baby huggers should be used as appropriate.

8. Collimation appropriate to obtaining the highest resolution image possible should be used. This will generally be a High Resolution collimator or Pin-hole collimator for local views. The child should be as close to the camera as possible.

### Reporting the study

1. All studies should be reported by appropriately trained medical practitioners.

2. Paediatric studies including images will ideally be stored until the patient is 25 years of age.

### Date

<table>
<thead>
<tr>
<th>Agreed/Approved</th>
<th>April 2001</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date for Review/Update</th>
<th>April 2005</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Initial draft first posted</th>
<th>July 1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revised</td>
<td>April 2001</td>
</tr>
<tr>
<td>Revised</td>
<td></td>
</tr>
<tr>
<td>Last Revised</td>
<td>February 2003</td>
</tr>
</tbody>
</table>

These guidelines do not constitute a formal protocol but highlight the aspects of a study where variation in practice may significantly affect the quality of outcome of the study.