

NUCLEAR MEDICINE DEPARTMENT: RESPONSE TO COVID-19

1. Segregation of inpatients vs outpatients for scans.
2. Management of suspect cases at site – isolation room etc.
3. Regarding specific Nuclear Medicine scan procedures
 - a. Ventilation/Perfusion (V/Q) Scans:
Aerosolization techniques are no longer allowed and we have stopped offering the ventilation scan since the first case was confirmed in Singapore. Appointments for V/Q scans have been postponed for non-urgent requests such as chronic raised pulmonary hypertension and to screen for chronic pulmonary embolism.

Radionuclide perfusion only scans (without ventilation) are provided on a case-by-case basis for acute pulmonary embolism.
 - b. Myocardial Perfusion Imaging:
For inpatients, to minimize time spent, we use the fastest 1-day protocol with the least amount of time at scan. After injecting the rest low dose in the ward/isolation room and waiting an appropriate amount of time, patients are sent from the ward to scan room and scan immediately. After the rest scan, high dose stress injection with pharmacological stress is done immediately, patient remains in scan room during this time. We try to keep the wait time for stress injection to scan as short as possible, then quickly do the stress scan before sending the patient back to ward immediately after.
 - c. Hybrid scans with CT component are screened for CT changes associated with COVID19 infection and informed to referring doctor ASAP.
4. Manpower Deployment and staff segregation policy eg: not to cross institutions. Nuclear medicine physicians are split into 2 teams: On-site team (handling inpatients, cardiac stress testing, clinics, radionuclide therapies and scan reporting) and Office team (attending tumour boards via teleconference means and off-site scan reporting). Both teams are segregated physically and rotated every 2-weekly.

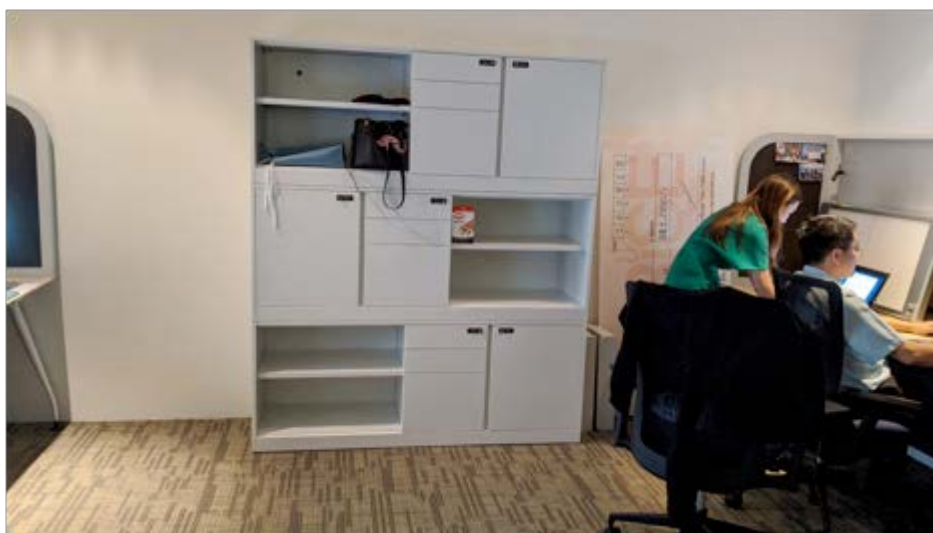


Photo depicting the off-site reporting team within SingHealth Academia

5. Familiarising staff with infection control procedures (including situations for masks, gloves, etc).
6. Deferring non-critical outpatient appointments to a later date and providing extensions of prescriptions for chronic medications.

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