



**Oxford Centre for Clinical Magnetic Resonance Research
(OCMR)**

Regadenoson (Rapiscan) use in stress CMR



WORK INSTRUCTION 02	Revision: First Issue (version 2.0)	Date: 01/09/2017
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1.0 PURPOSE

The purpose of this document is to provide instruction for use of Regadenoson (Rapiscan) in stress Cardiac MR Imaging at OCMR.

2.0 SCOPE

This work instruction should be referred to when using Regadenoson (Rapiscan) for stress cardiac MR imaging (ensuring compliance with SOP OCMR_004 Minimum Attendance Policy).

3.0 RECORDS

The batch number and expiry date, time and person administering should be recorded on the Regadenoson stress record sheet for each patient. Details of aminophylline use should also be recorded.

4.0 ASSOCIATED DOCUMENTS

This document should be read in conjunction with SOP OCMR_001 MR Scanning and OCMR_004 Minimum Attendance Policy (available on the OCMR website).

5.0 RESPONSIBILITY

This work instruction is maintained and reviewed by the OCMR SOP committee.

6.0 INSTRUCTIONS

6.1 Rapiscan is supplied in a single dose (400mcg) and is a 5ml injection.



6.2 Regadenoson (Rapiscan) needs to be drawn up into a syringe and given as a single IV injection through a cannula over 10 seconds followed with a saline flush (10mls, 10 seconds).

6.3 After the stress scan is acquired this is routinely followed with IV injection of aminophylline to reverse the action of Regadenoson (Rapiscan).

6.4 Aminophylline is supplied in 10ml vials with a concentration of 25mg/ml. 100mg (4mls) are needed to reverse Rapiscan.

6.5 4mls from one 10ml vial should be drawn up into a syringe and given IV over 10 seconds, followed by a saline flush of 10mls over 10 seconds.

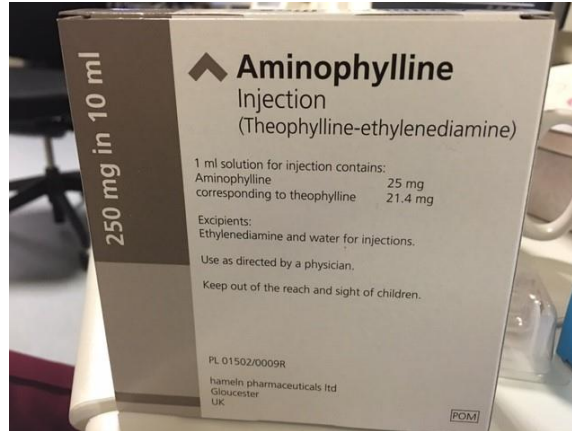


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7.0 MONITORING

Blood pressure should be measured;

- Before the administration of Regadenoson (Rapiscan)
- Post stress imaging

ECG should be monitored continuously throughout the scan.