

Junior Doctors Radiology Induction Hand Out

Version 1

2015

Brought to you as part of the Induction Programme

What is the aim of the Radiology Induction?

Welcome to our Trust.

1. Provide an overview of Radiology and what we have to offer.
2. Give clear guidelines as to what is expected from referring clinicians
3. Provide recommendations which help keep ionizing radiation to a minimum
4. To use this opportunity to share lessons learnt from previous incidents which have occurred at MEHT,
5. To help familiarise doctors with local policies and procedures within radiology



Radiology is spread over 4 floors

1. D140—OPD plain film, NM, U/S and Fluoroscopy
2. A201—ER plain film, CT, U/S and cardiac angiography
3. B342—MRI, In-Patient X-ray , U/S and Th19 (Interventional Radiology Suite)
4. A401 Location Antenatal U/S

In this hand out:

- Useful Radiology contacts
- Recent CQC IR(ME)R Incidents
- Referral Criteria—Including out of hours
- NG tube referral policy

Radiology contacts:

ER Radiographers—Ext 3718/3700—Bleep #6555 2190
Duty Radiologists—Ext 3726

CQC IR(ME)R reports 2015

1. Duplicate referrals made (one as OPD and one as IP) - existing referral not cancelled
 2. Incorrect patient referred for CT scan
 3. Incorrectly vetted referral form
4. Patient scanned too early—need for clearer info on referral form
 5. ERCP carried out on cancelled form



Junior Doctors Radiology Induction Hand

Night Hawk Referrals between 20.00pm and 8.00am Mon-Fri, 17.00pm—9.00am Sat & Sun & Bank Holidays are required for all CT scans except

Mini C-arm (Burns and Plastics)

Only use the c-arm if:

1. You have an IR (ME)R certificate in its use—a copy must be given to radiology
2. If you have completed a mini c-arm competency form—a copy must be given to radiology
3. If you have read and signed the local rules

NG Tubes

1. Ensure the correct patient is referred.
2. Only once aspirate NOT between 1 and 5.5 cannot be obtained should the patient be referred for x-ray. This must also be documented on the referral. - Guidewires should be left in place for all x-rays

MRI

- Always check your patient does not have any contraindications for MRI—such as a pacemaker
- Print off the MRI screening form and complete for all in-patient referrals.

CT Head (Under set criteria)

- Head Injury—Set Criteria
- Acute Stroke
- For treatment of stroke—Stroke specialist nurse referral only

CT KUB: Patients must have both of the following)

- Renal Colic.
- Positive Haematuria

Preoperative extremity fracture planning:

- ? Fragment position post plain film imaging.

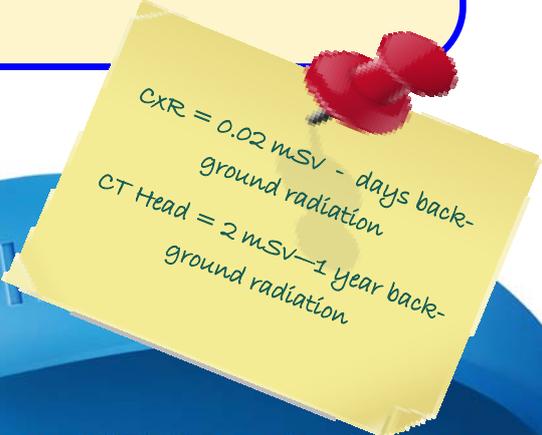
All exams for patients under 18 or if pregnant need to be authorised by the referring consultant and Medica.

All other referrals outside the above guidelines must be discussed directly with the on call Medica consultant radiologist on 03330 100 999 by a Consultant or Registrar.

Please ensure the CT radiographers are given the form and accept the patient, prior to bringing the patient to the department.

How to reduce Radiation dose to the patient

- Use a 3 point ID check when referring patients.
- Refer using the correct procedure code, examination and side.
- Give clear concise clinical details on the referral form.
- Provide clear contact details on the referral form.—Bleep number MUST be included



Clinical links via the Intranet

- PACS information sheet
- RCR Guidelines
- Radiology patient transfer form

