

Referral of Patients for Chest X-Rays Post Pacemaker Insertion by Cardiac Nurses/ Cardiac Radiographers	Type: Clinical Guidelines Register No: 06026 Status: Public
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Developed in response to:	To reduce treatment delays in selected patients by referral to x-ray by cardiac nurses, within clearly defined parameters.
Contributes to CQC Core Outcome:	Outcome 4

Consulted With	Post/Committee/Group	Date
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Policy to be followed by (target staff)	All Radiographers and Cardiac Angiography Nurses
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Related Trust Policies (to be read in conjunction with)	04071 Standard infection Prevention 04072 Hand Hygiene

Document Review History

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1.0		2006
2.0	Andrea Francis	August 2009
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Index

1. Purpose
2. Equality and Diversity.
3. Aims.
4. Staffing and Training.
5. Scope.
6. Procedure.
7. Request forms.
8. Infection Prevention.
9. Monitoring and Auditing.
10. References.

1. Purpose

- 1.1 To provide a procedure for staff referring patients for chest x-rays following the fitting of a pacemaker via the subclavian approach only.

2. Equality and Diversity

- 2.1 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

3. Aims

- 3.1 To reduce treatment delays in selected patients by referral to x-ray by cardiac nurses, within clearly defined parameters.
- 3.2 To reduce delays in the assessment of the radiographs either by a medical practitioner or appropriately qualified radiographer.

4. Staffing and Training

- 4.1 All cardiac Nurses and Radiographers can follow this procedure.
- 4.2 Radiographers can request x-rays following this pathway as long as Lorenzo training has been completed.
- 4.3 All nurses must complete both IR(ME)R referrers training and Lorenzo training so that such requests can be electronically generated using IR(ME)R guidelines for referral.
- 4.4 All nurses on this pathway must provide an IR(ME)R referrers certificate which can be kept for radiographer's reference on the radiology 's' drive.

5. Scope

- 5.1 The x-rays will be limited to only include chest x-rays which can be performed in the x-ray department (not mobile examinations).
- 5.2 Chest x-rays may only be requested for post pacemaker insertions undertaken using the subclavian approach.
- 5.3 X-rays will only be requested when clinically indicated.
- 5.4 All x-rays must be performed two hours post pacemaker procedure from the time of the subclavian approach. This must be clearly documented on the clinical details section of the electronic request form stating exactly when the x-ray is required.
- 5.5 Referrals will be made within the Royal College of Radiographers guidelines.

6. Procedure

- 6.1 All requests must be made on Lorenzo or via CRIS.
- 6.2 Requests will only be accepted from identified Cardiac Nurses and all Cardiac Radiographers.
- 6.3 Once the x-ray has been requested, the cardiac nurses/Cardiac Radiographers should inform the Emergency x-ray department by telephone to arrange a suitable time for the patients to be x-rayed.
- 6.4 Where possible, the cardiac pacemaker patients should not wait in the Emergency radiology department waiting area. They should be x-rayed immediately upon arrival in the department.
- 6.5 Standard views of the area will be taken. Additional projections may be taken at the discretion of the radiographer.
- 6.6 Any difficulty with this process should be reported to the Clinical Lead Radiographer.

7. Request forms

- 7.1 Request forms must include all patients' demographic information plus adequate Clinical details to justify the request.
- 7.2 Female patients must have the LMP (Last Menstrual Period) section filled in on the form where appropriate.

8. Infection Prevention

- 8.1 All staff should follow Trust guidelines on infection prevention control by ensuring that they effectively 'decontaminated their hands' before and after each patient contact.

9. Monitoring and Auditing

- 9.1 All requests are clinically justified by each Radiographer before any chest x-ray is undertaken. This means monitoring the system is continuous.
- 9.2 The practitioner will contact the referring clinician and the reason given for non compliance discussed. Any issues of non-compliance should be reported to the lead Cardiac Radiographer so that any training needs can be quickly resolved.
- 9.3 All risk events that have resulted in patient harm or near misses, must be reported on a Datix risk event reporting form. The RPS will review all risk events. All incidents and any trend analysis will be reviewed at the Radiation Protection committee.
- 9.4 A quarterly audit of compliance will be undertaken by reviewing all risk events related to the operation of this guideline.

9.5 Any immediate training or educational issues relating to the lack of compliance with this guideline will be addressed on a one to one basis.

10. References

Ionising Radiation (Medical Exposure) Regulations 2000.

Patient Dose Reduction in Diagnostic Radiology 1990 (NRPB/Royal College of Radiologists – Documents of the NRPB, Vol 1, No 3, 1990).

Refer to the following “Standard Operational Procedures”:-

IR (ME) R Schedule Procedure number 2 (ii) - Referrals Procedure for requesting Medical Exposure.