

## Protocol authorisation for non-medical referrers.

### 2ry care chest

Reference: RAD\_RP\_IRMER\_NMR1

Version: 6

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<b>Protocol name</b>	
<b>2ry care - Chest</b>	
<b>Rationale</b>	
Patients with signs or symptoms of thoracic pathology where a CXR would affect management or to rule out lung diseases prior to treatment.	
<b>Patients to whom protocol will apply</b>	
Adult in-patients in LTH, or those presenting to ED departments or MIUs at LTHT. Adult out-patients at LTH clinics. Patients being managed on the Virtual Ward (frailty). Adult patients in the community.	
<b>Inclusion and exclusion criteria</b>	
<i>Exclusion:</i> Age <16y. <i>Inclusion:</i> Haemoptysis, unexplained chest pain, unexplained SOB, suspected cardiac failure, suspected pleural effusion, suspected pneumonia, suspected pneumothorax, suspected inhaled foreign body, position of medical device/tube including NG tube, central venous catheter, chest drain. Suspected (or existing diagnosis of) congenital cardiac disease. Patients starting immunosuppressive treatment (to rule out lung fibrosis or tuberculosis).	
<b>Clinical assessments to be undertaken prior to decision to request imaging (please attach any flowcharts/ other documents as necessary)</b>	
History, examination including auscultation. Assessment of other investigations including blood results, prior imaging, baseline observations.	
Additional documents attached?	<div>Yes</div> <div>No</div>
<b>Description of who will be making these assessments</b>	
Registered health care professionals authorised and approved for this role by their lead clinician	
<b>Details of imaging to be requested</b>	
Plain radiography of the chest (to include a lateral as necessary)	

**NOTE – Version control managed in Q-Pulse, all printed documents must be checked against Q-Pulse version to ensure that it is current.**

**Form of words to be used on request**

NON MEDICAL REQUESTER and job role.

The clinical details

**Audit standard for annual recertification**

100% of requested imaging should have a written evaluation in the patient's notes (requester's responsibility). This is separate from the formal radiology report which may or may not become available on the results server systems

100% of requested imaging should be per protocol.