

Protocol authorisation for non-medical referrers.

2ry care chest

Reference: RAD_RP_IRMER_NMR1

Version: 6

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Protocol name 2ry care - Chest	
Rationale Patients with signs or symptoms of thoracic pathology where a CXR would affect management or to rule out lung diseases prior to treatment.	
Patients to whom protocol will apply 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.	
Inclusion and exclusion criteria <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).	
Clinical assessments to be undertaken prior to decision to request imaging (please attach any flowcharts/ other documents as necessary) History, examination including auscultation. Assessment of other investigations including blood results, prior imaging, baseline observations.	
Additional documents attached?	Yes No
Description of who will be making these assessments Registered health care professionals authorised and approved for this role by their lead clinician	
Details of imaging to be requested 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.