

Protocol authorisation for non-medical referrers.

2ry care skeletal imaging

Reference: RAD_RP_IRMER_NMR3

Version: 5

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Protocol name <h2 style="text-align: center;">2ry care - skeletal imaging</h2>
Rationale <p>Patients with signs or symptoms of musculoskeletal pathology where plain radiographic imaging would affect management</p>
Patients to whom protocol will apply <p>Adult in-patients in LTHT, or those presenting to ED departments or MIUs at LTHT. Adult outpatients at LTHT clinics. Patients being managed on the virtual Ward (frailty) Adult patients in the community.</p>
Inclusion and exclusion criteria <p><i>Exclusion:</i> Age <16y. <i>Inclusion:</i> Suspicion of acute bony injury, suspicion of foreign body, post casting or reduction to assess position, after musculoskeletal invasive procedures to assess outcome, suspicion of MSK pathology in the presence of pain, swelling, crepitus, instability etc.</p>
Clinical assessments to be undertaken prior to decision to request imaging (please attach any flowcharts/other documents as necessary) <p>History, examination including focussed MSK examination of bones, joints and soft tissues. Assessment of other investigations including blood results, prior imaging, baseline observations.</p>
<p>Additional documents attached?</p> <p>No</p>
Description of who will be making these assessments <p>Registered health care professionals authorised and approved for this role by their lead clinician</p>
Details of imaging to be requested <p>Plain radiology of the upper or lower limb, spine, pelvic or shoulder girdle, skull and face.</p>
Forms of words to be used on request <p>NON MEDICAL REQUESTER and job role Then clinical details Then exact details of plain radiographic imaging required.</p>

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

Audit standards for annual recertification

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

100% of requested imaging should be per protocol