

Protocol authorisation for non-medical referrers.

2ry care- imaging follow up

Reference: RAD_RP_IRMER_NMR5

Version: 2

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Protocol name

2ry care- imaging follow up

Rationale

Patients who have been undergone prior imaging and in whom the verified imaging report recommends additional imaging is required (either immediately or delayed for an interval)

Patients to whom protocol will apply

Adult in-patients in LTHT, or those presenting to ED departments or MIUs at LTHT.

Adult out-patients at LTHT clinics or in clinics of secondary care organisations referring to LTHT.

Inclusion and exclusion criteria

Inclusion: Patients in whom additional imaging is recommended on a previous imaging report. Examples include (but are not limited to)...

- Follow up CXR after an abnormal finding on a prior CXR
- Follow up imaging after an invasive procedure to assess response

Etc.

Exclusion:

Patients in whom follow up imaging is not explicitly recommended in a prior imaging report

Patients <16 years

for MRI requests – patient with implantable device

NB:

- The referrer must understand the indication for the request, the nature of the imaging requested, the importance of correct patient identification and relevant IRMER requirements and the potential clinical consequences of the imaging findings.
- The referrer understands that they are responsible for the accuracy of this information
- The usual vetting procedures will apply and if incomplete or non-sensical information is supplied the request will be rejected.
- The referrer must review and act on the report

Clinical assessments to be undertaken prior to decision to request imaging (please attach any flowcharts/other documents as necessary)

None (imaging request based on prior imaging report)

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

Additional documents attached? No
Description of who will be making these assessments Not applicable
Details of imaging to be requested Any, except for interventional procedures (for which a separate protocol is provided)
Form of words to be used on request NON MEDICAL REQUESTER and job role Then clinical details, including sufficient data to allow the IRMER practitioner to justify the exposure. Imaging requested as per prior report of (insert prior report date and modality) Nominated consultant's name must be included (completion of the appropriate field on OderComms is sufficient)
Audit standards for annual recertification 100% of requested imaging should use the stipulated form of words including the date and modality of the prior imaging that recommended the follow up. 0% patients mis-identification/incorrect requesting All reports/results must be reviewed and acted upon