

Microguide - Radiology

Department

RSCH – Barry building, L4 and L5

PRH – Adjacent to Emergency Dept.

Paediatric Imaging – Royal Alexandra Children's Hospital

Neuroimaging – Hurstwood Park (PRH) or L5 (RSCH)

Nuclear Medicine – Hanbury Building, RSCH and PRH

Points of contact

	Telephone Ext	Comments
Troubleshooting Office Level 5, County Site	X7690	First point of contact in hours (9 am – 5 pm) Clinical advice from Radiology SpR Outside these hours please direct queries to the On Call Radiology SpR
Imaging Reporting	X7723 Bsuh.ImagingReporting@nhs.net	Co-ordinator based in Troubleshooting Office (9am – 5pm). Please direct all requests for reports here in hours.
On Call Radiology SpR	X62046	Contactable out of hours from 5 pm - 9 am Phone not manned outside these hours. Typically based on L5, RSCH
PACS office	X3573 Bsuh.pacs.help@nhs.net	

Radiology On Call (1700 – 0900 weekdays; all times during weekends/bank holidays)

- The on call registrar is the first port of call for queries related to body imaging, neuroimaging and paediatric imaging out of hours (5 pm – 9 am) [ext 62046]
- Requests for imaging should only be made by the most senior on site doctor for that speciality (e.g. Consultant in A&E, Registrar in Surgery).
- Weekday evening ultrasound: HCA cover is available between 5pm-6pm to assist the on-call SpR – outside of these hours, please discuss US on a case by case basis. We may ask for someone to accompany the patient to US.

Plain film radiography

At RSCH site

Requests should be left at X-ray reception ground floor, Barry Building (ext 4118)

or Level 5 Tower block Imaging reception on the acute floor (ext 4242)

At PRH site

X-ray department (ext 8034)

CT requests direct to CT radiographer (with no need to discuss with radiologist)

- Acute non-contrast CT Head meeting NICE criteria do not need to be discussed with the troubleshooter/on call Radiology SpR.

Please complete clinical history fully.

[E.g. It is not acceptable to write “stroke call” – onset time (where known) and a brief summary of the neurological findings are vital to interpretation]

- CT-KUB also does not need to be discussed

Please complete clinical history fully.

[Visible vs. Non-visible haematuria. Side of discomfort]

- CT-polytrauma does not need to be discussed if signed by ED consultant and meeting criteria listed on protocol. However at PRH polytrauma CT scans must be discussed with a radiologist.
- CT-C Spine does not need to be discussed if signed by ED consultant and meets Canadian C-spine rule and patient age over 40.
- All other referrals for acute cross-sectional imaging (CT/MRI/US) should be discussed.

Fluoroscopy

- Routine in-patient requests do not necessarily require discussion with a radiologist. (e.g. contrast swallow/water soluble enema)
- Please discuss with the trouble-shooter or the radiologist running the Fluoroscopy list if there are any concerns.

Biopsies, Drainages & Interventional Radiology

- Discussed with the troubleshooting Radiology SpR in the first instance.
- Please ensure the reverse of the request form is completed with an up-to-date Haemoglobin, Platelet count and Clotting Profile.
- Please inform us if the patient is on any anticoagulant or antiplatelet medication.
- For biopsies, prior MDM discussion is preferable – please document whether this has taken place on request forms.

Neuroimaging

In hours the Neuroradiology secretaries are based at Hurstwood Park and contactable via PRH Switchboard.

For clinical advice in hours please discuss with the Troubleshooter. There is also a Duty Neuroradiologist contactable via switchboard.

Out of hours, all queries should be directed to the on call SpR in the first instance.

Paediatric Radiology

In hours please direct clinical queries to the Duty Paediatric Radiologist based at the Royal Alexandra Children's Hospital. (ext 3152)

Out of hours, all queries should be directed to the on call SpR in the first instance.

Breast Radiology

Based at the Park Centre (ext 4334 or ext 3725).

Please refer to the Breast Surgeons in the first instance.

Referrals for breast/axillary biopsies from inpatient sites are via the Breast Surgeons or Oncology.

Nuclear Medicine

Available at RSCH and PRH sites.

Please give/send Imaging request forms directly to Nuclear Medicine Dept. Do NOT give to other Imaging receptions.

RSCH ext. 64381 or 64382

PRH ext. 5403

Interventional Radiology Out of Hours

- Referrals should be made on a consultant: consultant basis.
- The on call Radiology SpR may be involved in the diagnostic imaging workup of these cases.

Specific pathways & policies

Contrast-Induced Nephropathy (CIN) policy

Link to [CIN i.v. SOP Flowcharts May 2016 pdf]

Contrast extravasation

Link to [Managing IV Contrast Extravasation May 2016 pdf]

Polytrauma pathway

Link to [Polytrauma CT May 2016 pdf]

Neck of femur MRI pathway

Link to [Neck of femur MRI pathway

Typical radiation doses

Diagnostic procedure	Typical effective dose (mSv)	Equivalent number of CXRs	Approx equivalent period of natural background radiation
Radiographic examinations			
Limbs and joints (except hip)	<0.01	<1	<2 days
Chest (single PA)	0.015	1	2.5 days
Pelvis	0.3	20	1.5 months
Abdomen	0.4	30	2 months
Barium swallow	1.5	100	8 months
CT			
CT Head	1.8	130	10 months
CT Chest	14	1000	6.5 years
CT KUB	6.4	460	3 years
CT abdomen + Pelvis	13	930	6 years
CT Chest + Abdomen + Pelvis	19	1400	8.5 years

Diagnostic procedure	Typical effective dose (mSv)	Equivalent number of CXRs	Approx equivalent period of natural background radiation
CT (continued)			
CT colonography	16	1100	7.5 years
Radionuclide studies			
Lung ventilation (Tc-99m DTPA aerosol)	0.6	45	13 weeks
Lung perfusion (Tc99m)	1	70	6 months
Kidney (Tc-99m)	0.7	50	4 months
Thyroid (Tc-99m)	1	70	6 months
Bone (Tc-99m)	3	200	1.4 years
Dynamic cardiac (Tc-99m)	6	400	2.7 years
PET-CT head (F18 FDG)	7	460	3.2 years
PET-CT body (F18 FDG)	18	1200	8.1 years