

Radiology

POLICY: Critical Results Reporting

POLICY NUMBER: 26

PURPOSE:

To facilitate prompt, effective patient management decisions, UPHDM Radiology has defined clinical test results with “critical results” that require immediate accurate results communication to the appropriate clinician (provider)

Definition of Critical Results: Clinical test result values sufficiently abnormal that immediate physician notification is necessary

POLICY:

Radiologist or designee will notify the ordering allied health professional, of the results of critical values within 30 minutes from interpretation of the exam(s).

Radiology Critical Values List:**CNS**

- Herniation Syndrome
- Unstable spine fracture - Trauma
- Spinal cord compression
- Acute intracranial hemorrhage

CHEST

- Pneumothorax
- Pulmonary embolism

ABDOMEN

- Pneumoperitoneum / portal venous gas /ischemic bowel
- Bowel intussusception
- Bowel obstruction - high grade
- Acute appendicitis
- Acute cholecystitis
- Traumatic visceral injury - on trauma protocol

URO/GENITAL

- Ectopic pregnancy

Placental abruption

Fetal demise

Ovarian torsion

Testicular torsion

VASCULAR

DVT - Acute

Arterial dissection

PROCEDURAL

Retained sponges, sharps, instrumentation or other foreign body

Misplacement of tubes or lines

Any other condition determined by the radiologist as requiring immediate intervention for treatment

PROCEDURE:

Inpatient: The Radiologist or designee receiving the critical value immediately notifies the ordering allied health professional via direct verbal communication (in person or telephonically).

Outpatient: The Radiologist or designee receiving the critical value immediately notifies the ordering allied health professional via direct verbal communication (in person or telephonically). If the ordering physician cannot be reached, the covering physician (for the appropriate clinical service) is contacted.

Read-Back: The individual reporting the critical value requests a read-back of the critical value, and the receiving physician or nurse reads back the value to facilitate accurate communication of the information.

Documentation: Electronic documentation of the call is documented on the radiology report.

Original Date: 08/2007

Review Date: 05/2008, 03/2013, 03/2014, 09/2016, 06/2018