

Examination Protocols and Authorisation Protocols for Medical CT Radiation Exposures

Chest Referrals

CHH & HRI

The Ionising Radiation (Medical Exposure) Regulations 2017

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INTRODUCTION

This document is written to ensure that departmental process conforms with the Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER 2017).

PURPOSE

1. Exam Protocols: This document ensures the CT department is compliant with regulation 6(4) of the Ionising Radiation (Medical Exposure) Regulations 2017. Regulation 6(4) requires employers to write exposure protocols associated with medical exposures. It is a legal requirement for all IRMER Practitioners and IRMER Operators to follow these procedures

2. Authorisation Protocol: This document ensures the CT department is compliant with regulation 11(5) of the Ionising Radiation (Medical Exposure) Regulations 2017. If a patient attends the CT department and their request conforms to the criteria set out in this document, the IRMER Operator is entitled to authorise the individual medical exposure detailed in the request.

PROCEDURES

History	Scan Request	Question needing to be answered	Protocol	Delegated to Radiographer Authorisation
Mass on Chest Radiograph	Chest	? Lung Ca, for staging	Protocol A	Y
Mass found at Bronchoscopy		? Lung Ca, for staging		Y
Haemoptysis		? Lung Ca, for staging		Y
Increasing SOB; Smoker		? Lung Ca, for staging		Y
Known Ca lung		Follow Up ? Response to Chemo / Radiotherapy; ? Disease progression		Y
Known Ca Lung - Increasing Sob / Pain		? Disease progression		Y
Pleural Effusion		? Underlying pathology		Y
Known Empyema		? Progression		Protocol A - Chest only , No liver
Known Rectal Ca		? Lung Mets for staging	Protocol B (MRI should be requested for Abdo/Pelvis Staging)	Y

History	Scan Request	Question needing to be answered	Protocol	Delegated to Radiographer Authorisation
Known Ovarian Ca	Chest	? Lung Mets for staging	Protocol B (MRI should be requested for Abdo/Pelvis Staging)	Y
Known Bladder or Renal Ca		? Lung Mets for staging	Protocol B	Y
Suspected diffuse / infiltrated lung disease		? Sarcoid	Protocol A - Chest only , No liver -	Y
Suspected diffuse / infiltrated lung disease		? Bronchiectasis	Protocol C (Supine)	Y
		? Interstitial lung disease ?UIP	Protocol C (Prone)	Y
Lung Volume Reducing surgery		For assessment	Protocol C (Supine) insp only	Y
Increasing SOB Immunosuppressed Patient?: Cough, SOB, pyrexial.		? Fungal Chest Infection	Protocol C (Supine Insp only)	Y
Lung Nodule Follow Up		? Nodule growth	Limited Protocol B,	Y (See Appendix I Lung Nodule follow up – Radiographer Authorisation)
Rib Fractures, for surgical repair		Surgical Planning	Protocol B	Y
Pectus deformity		For assessment	Protocol B	Y
SOB, Raised D Dimer and wells score	CTPA	? PE	Protocol Y	Y

PROCESS FOR MONITORING COMPLIANCE

Regular audit shall take place to ensure radiographers are authorising according to this protocol. Results shall be presented to CTOG / RPA

REFERENCES

Royal College of Radiologists (2012) iRefer 7th Ed. Royal College of Radiologists http://portal.e-lfh.org.uk/myElearning/Index?HierarchyId=0_28429 accessed 18/01/2016

APPENDIX I

Lung Nodule Follow Up Radiographer Authorisation

