

**RFP 36C24218R0402**  
**D.36 RADIOLOGY SERVICE MANUAL**

**RADIOLOGY DEPARTMENT POLICY AND PROCEDURES  
MANUAL**

**VETERANS AFFAIRS OF WESTERN NEW YORK**

**Buffalo, New York 14215**

Revised April 11, 2018

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**RADIOLOGY SERVICE MANUAL INTRODUCTION**

The radiology policy and procedures manual is a guide to the daily operation of the radiology department. It provides a concise reference for orientation of new personnel to the radiology department and a source of information to answer questions in the absence of the regular radiology staff.

Our mission is to provide our veterans and their families utmost exceptional care. The contents of this manual are in a constant state of change to promote and incorporate advancements in guidelines, equipment, technology, and patient and staff safety.

**MEDICAL CENTER MISSION**

To care for our Veterans with compassion and excellence.

“I CARE” core values

- Integrity, Compassion, Advocacy, Respect and Excellence

**ICARE**



**VA Core Values  
and Characteristics**



Core Values and Characteristics apply universally across all of VA. The Core Values are the basic elements of how we go about our work – they define “who we are” – and form the underlying principles we will use every day in our service to Veterans. The Core Characteristics define “what we stand for” and what we strive to be as an organization.

## **II. Personnel Responsibilities:**

- A. All radiologists, imaging physicians, and medical physicists in a radiology service are supervised by a physician Section Chief. All Section Chiefs are supervised by the Chief of Radiology.
- B. All technologists report to a higher grade technologist. The highest grade technologist, who is often called the Lead Technologist, is supervised by Manager of Radiology, who is then supervised by the Chief of Radiology.
- C. The Chief of Radiology reports to a higher rank physician. Ordinarily this is the Chief of Staff.
- D. Chief of Radiology:

## **Credentials**

The Chief of Radiology is certified by the American Board of Radiology (ABR, as required by [VHA Handbook 1100.19](#), Credentialing and Privileging). For candidates not board-certified, or board certified in a specialty not appropriate for the assignment, the medical staff's Executive Committee affirmatively establishes and documents, through the privilege delineation process, that the person possesses comparable competence. If the Chief of Radiology is not board certified, the Credentialing and Privileging file must contain documentation that the individual has been determined to be equally qualified based on experience and the hospital's quality improvement data. *Note: Chief Techs and non-imaging physicians may not act as Chief of Imaging Service.*

## **Role**

The Chief of Radiology administers the activities of the service to include:

- Planning for the provision of care, including adequate personnel, diagnostic equipment, and supplies to ensure availability of those procedures which are appropriate to the needs of the facility;
- Providing a timely and quality product;
- Equitable radiologist duty assignments which are appropriate to training and experience;
- Development of, and adherence to, standard procedures and protocols;
- Monitoring of activities which improve patient safety, performance, and quality;
- Maintaining a safe radiation environment;
- Ensuring patient privacy and confidentiality of patient medical information;

- Ensuring accurate CPT coding and assignment of workload as well as DSS resource mapping and physician labor mapping parameters;
- Ensuring compliance with federal statutes, VA directives and polices, and The Joint Commission standards.

## **Responsibilities**

The Chief of Radiology is responsible for:

- Recommending privileging requirements for the performance of radiologic procedures, based on training and/or experience, current competence and health status, as well as consideration of any information related to medical malpractice allegations or judgments, loss of medical staff membership, loss and/or reduction of clinical privileges, or challenges to licensure.
- Reviewing all requests for initial and renewal credentials and clinical privileges and making recommendations regarding appointment and privileging action. The Chief of Radiology must maintain performance data on all physicians and use this data in recommending renewal of privileges. Physician performance data includes competency review of interpretations, personal workload, maintenance of certification, and participation/attendance in quality improvement activities. In addition, it may contain other factors as deemed necessary by the service chief. These might include:
  - Letters of complaint and praise;
  - Honors and awards;
  - Educational programs attended;
  - BLS, ACLS certification as appropriate;
  - Fluoroscopy permits and licenses per local, state, and/or Federal Regulations.
  - Certificates of Additional Qualification;
  - Medical Board licensure actions;
  - Loss of privileges at other medical centers;
  - Timeliness of service;
  - Attendance and availability;
  - Research and teaching activities;
  - Evaluations from residents;

- Establishing plans and policies which are consistent with federal regulations, VHA Directives, and The Joint Commission standards. These plans and polices should include, but are not limited to, the following:
  - Radiology Service Provision of Care Plan, including scope, hours of service, and staffing;
  - Organization chart;
  - Quality Improvement Plan;
  - Ordering, approval, and scheduling of studies, listing those study orders requiring prior approval by a radiologist;
  - Informed consent, including protocols for screening patients who require signature consent;
  - Injection of intravenous contrast agents;
  - Procedures for no-show patients, and patients who cannot be scheduled;
  - Interpretation and reporting of procedures;
  - Preliminary reports and communication of urgent results;
  - Protocol and procedure manuals for each modality;
  - MRI safety policy;
  - Image storage and data integrity, image availability;
  - Contingency plan when the information system is not operational;
  - Resident supervision policy, delineating levels of supervision (if the hospital has a residency program);
  - Radiation safety procedures, including safe use of fluoroscopy and the reporting and documentation of excessive patient exposures.
  - Quality assurance procedures, addressing all aspects of the imaging process from image acquisition through image display.
  - Physician Productivity. Monitoring the productivity of imaging physicians to ensure the average workload of the service meets VHA defined benchmarks, and developing corrective plans if it does not. See Productivity and Staffing Guidance for Imaging Physicians [Directive 2008-09](#).

## **Delegation of Responsibilities**

Supervision of medical care responsibilities may be delegated to qualified physicians as appropriate. The Chief of Radiology remains responsible for the oversight of any delegated duties or authority.

### **E. Imaging Physicians**

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## Role

- Radiologists are physicians who have completed an Accreditation Council for Graduate Medical Education (ACGME) accredited radiology residency program, or an equivalent foreign program, and who perform and interpret diagnostic imaging or interventional studies. Radiologists follow the guidelines of the American College of Radiology (ACR) and American Institute of Ultrasound in Medicine (AIUM) in regard to the Standard of Practice, and they are guided by the Appropriateness Criteria developed by the ACR.
- Radiologists act as consultants to clinical services.
- As licensed independent practitioners, radiologists may change the ordering physician's request to a more appropriate study in the correct clinical setting if it is emergent and the ordering provider could not be reached to change order. The radiologist may expand upon the ordered study or limit it, and may order imaging studies, taking care to consult the treating physician whenever possible. Radiologists will act in the patient's interest in ensuring studies are indicated and safe.
  - If a new order is needed for an exam due to changes, the radiology staff will attempt to obtain a new order, but if after two unsuccessful attempts, the exam will be performed as ordered with limitations stated in the dictation.
- Radiologists document their procedures, consultations and health care decisions in the medical record.
- Radiologists communicate emergent findings directly to the treating service in a timely manner.
- Radiologists supervise and direct the activities of residents, technologists and nurses working in the service.
- Radiologists supervise the administration of medications, including contrast agents, by technologists and nurses.
- Radiologists participate in quality assurance activities.

## Qualifications

- VA employee staff physicians who provide medical care at a VA facility must possess a full, active and unrestricted medical license from one of the states or territories of the United States or the District of Columbia or the Commonwealth of Puerto Rico. All staff physicians must be credentialed and privileged for those procedures which they perform or supervise in accordance with [VHA Handbook 1100.19](#), Credentialing and Privileging. Each medical center determines whether Board Eligibility, Board Certification or

Certificates of Added Qualifications are required for staff privileges. If the physician is foreign trained, the Chief of Radiology must determine that the training and subsequent experience are equivalent to ACGME residency training. The ABR provides guidelines for board eligibility of international medical graduates that may guide the Chief of Radiology in making this determination.

- Contract physicians are credentialed and privileged members of the medical staff who meet the same licensure and privileging standards as staff physicians.
- Teleradiologists who communicate preliminary or final reports directly to the treating physician must be credentialed and privileged as outlined in [VHA Directive 2007-034](#). Teleradiologists meet the same licensure and privileging requirements as staff radiologists. The requirements of [Title 38 USC 7402\(f\)](#) (*[This link leaves the Department of Veterans Affairs Website](#)*) are applicable.
- Teleradiologists who are privileged to practice teleradiology at a The Joint Commission accredited VA teleradiology service that has a The Joint Commission approved teleradiology QA program, need not be privileged at the hospital requesting service. This applies to the practice of teleradiology only. If the teleradiologist provides other types of radiology services, they must be separately privileged at each hospital for which they do so, and QA competency data of that physician must be made available to all sites at which he/she is privileged. For example, if a radiologist provides on-site radiology services at VA hospital A, and serves as a teleradiologist at VA teleradiology center B which interprets studies from VA hospital C, then that radiologist must be privileged at both A and B but not C, and competency data from A and B must be considered in appointment actions at either location. See [VHA Directive 2007-034; Privileging for VHA Teleradiology](#).
- Note that a radiologist or teleradiologist need not be privileged to communicate preliminary interpretations or observations to a VA radiologist, who then uses that information in formulating an interpretation to the treating physician, so long as the radiologist who was consulted does not enter their observations in the medical record.

Residents must be supervised by an attending radiologist who is privileged to practice at the VA facility (see [VHA Handbook 1400.01](#)). The level and proximity of supervision must comply with the medical school policy for graduated supervision, and this level of supervision must be supported by objective educational or competency criteria. Residents may not provide final interpretations, but may provide preliminary interpretations for those studies that are appropriate to their level of training



## F. Diagnostic Radiologic Technologists

### **Roles and Responsibilities**

- DRTs are Hybrid Title-38 GS-647 occupation series employees who are trained in the operation of equipment employing radiant energy for the purpose of diagnosis and treatment of the human body. Modalities of equipment operated by DRTs include radiography, mammography, fluoroscopy, DXA, ultrasound, CT, and MRI.
- Technologists act under the supervision of a radiologist.
- Using protocols determined by the radiologist, the technologist is responsible for patient identification and safety screening, explanation of the procedure to the patient, proper shielding and positioning, selection of technical acquisition factors, and initial quality control of images.
- Technologists may administer contrast agents or saline depending on protocol exam, under the supervision of a physician. The physician can be either present or immediately available. Technologists may start peripheral intravenous lines for the purpose of contrast administration if they have undertaken training to do so, or have graduated from an American Registry of Radiologic Technologists (ARRT) recognized program that includes intravenous access in its curriculum, and have demonstrated competency by a period of proctoring.
- Technologists do not interpret studies, but may communicate observations to the radiologist.
- Technologists participate in the radiology service quality assurance program as required by their supervisor.
- Technologists may change exam modifier (Left or Right) in the appropriate setting if he or she discovers that the current order for the patient has the incorrect laterality modifier and information was confirmed by patient and/or ordering provider (either direct communication such as phone, email, Lync, or through information in CPRS).
- Technologists should follow department approved protocols for examinations during non-administrative hours when there is no in house radiologist to protocol an exam. Any questions regarding an exam during non-administrative hours if not readily answered through department policies should be referred to the on call radiologist.

### **Qualifications**

Qualification standards can be found in [VA Handbook 5005/15](#), Part II, Appendix G25.

- Citizenship. Technologists are citizens of the United States.
- Certification. [Public Law 97-35 \(This link leaves the Department of Veterans Affairs Website\)](#), the Consumer-Patient Radiation Health and Safety Act of 1981, requires that persons who administer radiologic procedures meet the credentialing standards in [42 CFR Part 75 \(This link leaves the Department of Veterans Affairs Website\)](#), Standards for the Accreditation of Educational Programs and the Credentialing of Radiographic Personnel. They must have successfully completed an educational program that meets or exceeds the standards described in that regulation and is accredited by an organization recognized by the Department of Education, and be certified as radiographers in their field. The following personnel meet these requirements:
  - Diagnostic Radiologic Technologists RT(R) certified by ARRT.
  - Uncertified VA Diagnostic Radiologic Technicians/Technologists who were permanently employed on June 21, 1986, and whose competence in the safe administration of ionizing radiation was affirmed in writing by a VA licensed physician not later than January 1, 1987. These employees are considered fully qualified and may be promoted, demoted or reassigned within the GS-647 occupational series. Any employee initially retained in this manner who leaves this job series loses protected status and must meet the full requirements in effect at the time of reentry.
  - Technologists must maintain their ARRT credentials in good standing by completing their mandatory 24 continuing education credits bi-annually.
- English Language Proficiency. Diagnostic Radiologic Technologists are proficient in spoken and written English as required by [38 U.S.C. 7402\(d\) \(This link leaves the Department of Veterans Affairs Website\)](#), and [7407\(d\) \(This link leaves the Department of Veterans Affairs Website\)](#).
- Ultrasound certification. The proper performance of ultrasound examinations requires exceptional training and experience. It is strongly recommended that DRTs performing ultrasound be certified either by the American Registry of Diagnostic Medical Sonographers (ARDMS) or by the ARRT (RT(S)).
- Mammography Certification. The performance of mammography is a federally regulated imaging modality with specific certification requirements, which must be initially achieved and continually maintained. See the [VHA Mammography Program Procedures and Standards](#), for these requirements.

- Operation of hybrid PET-CT equipment. DRTs who perform the Positron Emission Tomography (PET) portion of a hybrid PET-CT exam, or nuclear medicine technologists who perform the CT portion of a hybrid PET-CT exam, must obtain additional education or training and demonstrate competency. Varying amounts of education will be required, depending upon the practitioner's existing background, skills and knowledge. The American Society of Radiologic Technologists (ASRT) and the Society of Nuclear Medicine Technologist Section (SNMTS) have developed an educational gap analysis that identifies the component parts of the necessary educational program. Additional information concerning the PET-CT curriculum is available from the Society of Nuclear Medicine or the ASRT.
- Exceptions.
  - Non-citizens may be appointed when it is not possible to recruit qualified citizens ( [38 U.S.C. 7407\(a\)](#) [*This link leaves the Department of Veterans Affairs Website*] ).
  - DRT applicants who have completed an approved training program, but who are not certified, may be given a temporary appointment. Employees who fail to acquire ARRT certification during the period of temporary employment may be terminated. The term of temporary employment is delineated in qualification standards documents available from the Human Resources Service.
  - If there are no acceptable applicants who meet these requirements, the Chief Officer, Patient Care Services, may authorize a medical center to hire otherwise qualified applicants, provided such persons show evidence of training, experience, and competence to be equally protective of patient health and safety.

#### G. Medical Support Assistants

### **ROLES**

The Advanced Medical Support Assistant is the key liaison with the clinical staff assigned to Imaging Service. The incumbent must act on and carry out duties independently. The key concept in Imaging is a strong interdisciplinary team with total commitment to quality patient care. This position serves as a link between the patient, clinical/technical and administrative staff.

- On a rotational basis, the Advanced Medical Support Assistant independently serves as the administrative coordinator for seven imaging clinics of the Radiology Department: (1) Computerized

Tomography (CT) Clinic, (2) Magnetic Resonance Imaging (MRI) Clinic, (3) Ultrasound (US) Clinic, (4) General Diagnostic Clinic, (5) Mammography Clinic, (6) Interventional Radiology and (7) Nuclear Medicine . Incumbent has overall responsibility for all administrative components of patient scheduling, pre-procedure, pre-operative testing, pre-operative screening, pre-procedural consenting, post-operative instructions and follow-up appointments.

- The Advanced MSA works with the team to reinforce the plan of care and self-help solutions and entering appropriate information into the electronic record to include tracking of phone contact, monitoring pre-appointment requirements to assure readiness for patient visit/ procedure to include patient instruction and patient exam preparation letters. The position operates in the hub of activity in each of the imaging clinics, patient contact includes both inpatient and outpatient customers. The advanced MSA works collaboratively in an interdisciplinary coordinated care delivery model to include support for Speech, Cardiac Catheterization Laboratory, Operating Room (Vascular, General and Pulmonology), and primary care for outside facilities and within the VA of WNY. The incumbent responsibilities will include tracking and initiating non VA care for MRI requests with the facility and at a VISN level. Pending lists are reviewed and date is submitted to the VISN Imaging Council through Chief of Radiology.
- Patient Workload: Do to the high volume patients workload in each of the imaging clinics the incumbent will maintain a continuous workflow rate in an expeditious and effective manner in order to meet the daily patient schedule and/or daily patient workload in all seven imaging clinics. This requires the prioritization of inpatients and outpatients as well as the ability to accommodate the extreme emergency patient who may need immediate emergency surgery, etc. Errors made by the incumbent could delay or adversely affect patient care, and hinder the clinic operation causing unnecessary waiting for the patient, waste of professional work hours, and most importantly delay in patient's imaging results and treatment.
- The incumbent must have a working knowledge of VA policies, guidelines, HIPPA requirements, and eligibility benefits. Extensive knowledge of the Medical Center operations and personnel is required to refer customers to another specialized advisory as needed. The incumbent recognizes problems that could delay customers' access to care and diagnostic examinations and initiates action to prevent such occurrences. The incumbent is expected to use common sense when the unexpected arises and knows when to seek guidance from the Chief of Radiology, Chief Radiology Administrator, Supervisory Diagnostic Radiology Technologist (SDRT) and/or Lead Technologist when unusual circumstances present themselves.
- The incumbent must provide efficient, professional service to our customers, displaying courtesy and professionalism, maintaining the customers' dignity and privacy at all times which includes but is not limited to promoting the credibility, reputation, and image of MSA, the VASF-Medical Center, and the Department of Veterans Affairs in dealings with patients, employees, and the general public.

### **III. HOURS OF OPERATION**

The Radiology mission provides coverage 24 hours per day, 7 days per week, including holidays. This is accomplished by providing regular administrative hours from 8:00 am – 4:30 pm, Monday through Friday. On weekends and holidays, regular hours are 8:00 am – 4:30 pm, with reduced staff. There is full coverage during the 4:00 pm – 8:00 am shift utilizing an emergency staff of one or two technologists.

OC: on call

MODALITY	HOURS WEEKDAY	HOURS WEEKEND	COMMENT
MRI	M-Thur 7am- 9pm / FRI 7am-7:30pm	Sat 8am-4:30pm Sun 8am -4:30pm	Schedules can vary based upon staffing levels
CT	24/7	24/7	
US	7am -5:00pm then OC	OC	
General Radiology	24/7	24/7	
Mammography	7am – 3pm	None	
Interventions	7am – 5pm	None	No on call IR
Batavia	M,T,W,Th	Varies	Only general radiology

#### IV. ROUTINE REQUESTS/TEST ORDERING

Any examination which does not involve preparation for the patient should be referred to Radiology as soon as possible. For example, the physician or ward/clinic clerk enters the radiology request via CPRS, the request will automatically print out in Radiology where it will be prioritized and scheduled in a logical sequence. Ward and clinics will then be notified via the computer of the date and time of the inpatient's scheduled appointment.

##### A. Requests for Examination

**No study will be done without an order requisition via CPRS which should be completed as follows:**

- a. The following information should be included:
  - Patient's name
  - Patient's birthdate
  - Patient's FULL social security number
- b. Location (ward or outpatient service, routing symbol, and telephone extension).
- c. Examination requested.
- d. Pertinent clinical history and physical findings which are consistent with the examination requested, and in accordance with ACR standards.
- e. The requesting physician's name, telephone extension and/or pager number.
- f. Date of request
- g. Date Desired:

- i. ALL patients are scheduled as soon as possible, and placement of a clinically appropriate date will guide proper scheduling of patients.
- ii. Radiology services will to the best of their ability schedule close to the clinically indicated desire date.
- iii. Timelines of **DESIRE DATES**:
- iv. **STAT**: Emergent exams for acutely or critically ill patients which can alter treatment plan of the patient in the immediately future. Performed immediately on the same day.
- v. **URGENT**: performed as soon as possible for matters requiring attention within 1-3 days.
- vi. **ROUTINE**: nonemergent studies which encompasses majority of orders including but not limited to follow up examinations and chronic conditions.
- vii. Follow up examination: Date desire should match timeframe of when followup should occur (i.e. 1 month, 3 months, 1 year).
- viii. Other routine studies: exams should be performed within 30 days.

- 7) **Mode of transportation** (ambulatory, wheelchair, litter). The mode of transportation must be appropriate. Patients who must be lifted onto an examining table should not be sent in a wheelchair.
- a. Interventional procedures: Must be transported on a litter.
  - b. Critically ill patients: Must be transported on a litter and a physician or nursing staff will need to accompany the patient. If the patient is on oxygen, that should be in place prior to the patient's arrival to radiology.
  - c. Inpatients and Emergency Department patients: If the patient is critically ill and/or must be lifted onto the examining table, must be transported in a litter.
  - d. Transporting patients with suspected PE or Dissection:
    - 1. Patient must be brought to radiology on a gurney.
    - 2. Patient must be accompanied by nursing staff or physician.
    - 3. Patient must not be left alone. Staff must stay with patient until procedure is complete.
    - 4. Patient must have an IV or IV line in place.
    - 5. Patient must be on oxygen (As clinically indicated ).
    - 6. This practice must be followed by ER, WARDS AND CLINICS .
  - e. Transporting stroke patients; please refer to facility stroke protocol.

8) **Urgency of request**

**A. STAT:** Study will be performed the day ordered. [Emergent studies requiring a Radiologist (e.g., fluoro, biopsy, CT or ultrasound) should be arranged with a radiologist]. In general, STAT portable plain film examinations are performed within thirty (30) minutes. STAT CT scans will be performed during the normal business hours or as a call case that day.

**B. URGENT:** Study will be performed within timeframe specified in history on x-ray request. If no timeframe is provided, patients will be scheduled in the next available inpatient or urgent appointment slot. In general, urgent plain film examinations are performed the same day as ordered. Urgent CT scans will generally be performed within two to three days or as specified by the ordering clinician.

**C. ROUTINE:** Study will be scheduled in the next available routine appointment slot. In general, routine inpatient plain film examinations ordered before 3:30 pm are performed the same day. Routine outpatient CT scans will be performed on a next available basis. Our goal is to perform these studies as soon as possible and within 30 days.

- 9) Ward personnel should accompany patients who are very difficult to examine (e.g. paraplegics, disoriented, disturbed, or critically ill patients) to assist in handling, positioning, and watching such patients. Every effort will be made by the x-ray staff to expedite studies of these patients so the ward personnel will not be detained unnecessarily.

B. **Scheduling**

1) **Sequence of Examinations**

- (a) All requisitions should be sent through CPRS where they will be sorted and scheduled. STAT/Urgent studies will, of course, take precedence. Those examinations that require immediate action should be marked ‘WET READING’ and include a telephone extension or pager number if there is a critical finding according to critical finding policy. All wards and clinics will be notified of appointments via the computer.
- (b) Request for examination requiring preparation, i.e. Fluoroscopy, will be given an appointment time at least one day in advance. All procedures which require prep will receive an alert on the computer at the time the request is entered.

- (d) Outpatient appointments requiring fluoroscopy or preparation will be made by the requesting clinic, radiology MSA, or radiology nurse via the computer.
- (e) CT, MRI, and special procedure requests will need to be reviewed by a radiologist before performing. Interventional procedures will be scheduled in coordination with the radiology nurse.
- (f) STAT or ED MRI add on during stated hours of operations will need to be reviewed by radiologist and MRI technologist before scheduling.
- (g) Typically if the patient has multiple orders for x-rays (i.e. but not limited to, hands, wrists, feet, knees, etc), they can be performed on the same day.

2) **Non Routine Requests**

STAT and emergency studies should be requested only when so ordered by a physician. Requests shall be through CPRS and will be done as soon as the modality room and technologist are available. Emergency requests requiring fluoroscopy, MRI, or intervention should be discussed by the requesting physician with a radiologist.

3) **Portable X-Rays**

A portable x-ray examination is almost never as diagnostic as images taken in the x-ray department. For this reason a portable examination should NOT be requested unless the patient cannot come to the Radiology Department. Further, only a limited number of technologists and portable machines are available, so that some delay may be experienced before portable examinations are completed.

**PLEASE NOTE:** The technologist may require the assistance of ward or outpatient personnel in completing portable examinations. Any person holding or assisting the technologist while an x-ray is done must **wear a protective apron**. Pregnant women and persons under 18 years of age should not be used to hold patients.

4) **Telephone Requests**

Telephone requests should be reserved for STAT, EMERGENCY, and portable examinations. When making a telephone request, the requestor must still enter the request through CPRS IMMEDIATELY.



ER exams are “STAT” and should always be done without delay.

5) **RADIOLOGY NO-SHOW**

- Same day as appointment, an MSA who is assigned late shift will pull the orders from the black box and if the patient has not rescheduled that day and does not show up for appointment, the order is to be cancelled using reason **#35 No Show**, and a no show letter note will be sent to patient instructing them to contact provider for another order if necessary.

6) Scheduling Mandate: According to National Memorandum  
8/12/2016

1. The purpose of this memorandum is to notify networks that VHA's Outpatient Radiology Scheduling Policy and Procedures Interim Guidance was updated to reflect some of the changes contained in VHA Directive 1230, Outpatient Scheduling Process and Procedures are directed towards Primary Care and Specialty Care Clinics. Radiology and nuclear medicine studies are requested using "orders" and not "consults"; therefore, specific guidance for radiology orders is necessary. Please reference UPDATED Outpatient Scheduling Procedures for Radiology and Nuclear Medicine (Attachment A).

2. In summary, the attached guidance was updated in the following areas:

- a. Future orders can be placed as much as 390 days in advance.
- b. Clarified the first attempt to contact the patient should be made within seven calendar days of the Date/Time the order is entered.
- c. Scheduling process: Radiology will make two documented attempts to contact the patient. One of the attempts must be a letter or through MyHealtheVet.
- d. No Shows that cannot be explained by inclement weather or other circumstances should be canceled with the reason "NO SHOW." Facilities to work with their Clinical Applications Coordinator to ensure provider Computerized Patient Record System Notifications for Imaging Request Cancel/Held are turned on.
  - When making the 1<sup>st</sup> attempt, place a note in CPRS with date of attempt and what was to be scheduled.
  - After first unsuccessful attempt, please send request letter to patient so he or she may contact us within 14 days to schedule. If after 14 days we do not hear back, please use cancel reason **#98 (unable to contact patient to schedule)**
  - The 1<sup>st</sup> attempt to contact patient should be made within 7 days of order being placed
  - If we have to schedule a patient more than 30 days out because of radiology availability, be sure to place them on the veterans choice list. If a patient request an appointment that is more than 30 days out in the info section where you put the type of study, also put date desired by patient if the appointment is more than 30 days out due to not being able to reach patient. They are not required to go on the veterans choice list.
  - Orders greater than 60 days are not valid and to be cancelled according to national radiology directive.

7) One Consult: From office of community care 11/30/2017

- A team led by the Office of Community Care developed a standardized Radiology's process for One Consult Model which became effective on November 22, 2017.
- This requires all sites to change their naming convention from NON VA CARE to COMMUNITY CARE-Specialty Name
- Community Care Consult for all services (Services Unavailable) and able to forward VA in-house Consults (30 day Wait Time) with required Provisional Diagnosis (ICD-10 Code) listed.

- <https://vaww.vha.vaco.portal.va.gov/DUSHCC/DC/DO/CI/S/SitePages/Presenters.aspx>
- Radiology's SME's came from sites that send out a few studies to a larger volume.
- One Consult Model requires a radiology order and a consult per the contract.
- For radiology studies ordered prior to the implementation date of November 22, 2017, an ICD10 (provisional diagnosis code) is not required. Why? Because the One Consult Model did not get into effect until November 22, 2017.
- Effective November 22, 2017, any radiology study sent to the community will require an ICD10 code (provisional diagnosis).
- **Entry of an ICD10 (provisional diagnosis) codes must be entered by a clinical provider. The team's consensus was that radiologists should not enter a consult.** If a radiologist enters the consult then he/she would receive the result of the exam and be responsible for Veteran follow up care.
- MSA's cannot enter an ICD10 code since this is a clinical function.
- Radiology services are to use the standardized consult naming conventions (see attached slide deck).
- Dr. Barnett mentioned the Non-VA Imaging Center asked radiology to do this. Remember, non-VA providers do not set policy for VHA.

## V. Privacy

- All employees must comply by HIPPA regulations.
- Failure to comply with this policy will result in disciplinary action.

## VI. PROTOCOL/EQUIPMENT OPTIMIZATION AND CONTINUED EDUCATION/PEER REVIEW

### A. Protocol and equipment optimization:

- a. Protocol and equipment testing and improvements should be performed if possible during non patient care hours to decrease the likelihood to compromise patient care.
- b. Protocols revisions or additions will need to be reviewed by the chief of radiology before implementation.
- c. The appropriate format for each protocol will need to be utilized as approved by the chief of radiology.
- d. Using equipment to improve protocols and test functions on volunteers may be performed under the discretion of the chief of radiology once the risks and benefits have been reviewed to ensure the safety of the volunteer and staff.
- e. The chief of radiology or supervisor must be made aware before the equipment in question is used for protocol/equipment optimization to assure patient care is not compromised. Results of the testing will be reviewed by a radiologist or supervisor.

- f. Under no circumstances is a radiology staff to utilize the radiology equipment for purposes other than for protocol improvement, equipment testing, continued education of staff, or servicing. For diagnostic purposes, an order must be submitted by the appropriate personnel in CPRS.

**B. Continued education:**

- a. It is paramount for our staff to have continuous education on equipment, technique, and knowledge of their modality.
- b. Radiology equipment may be utilized for these purposes, but if a volunteer is needed for practice, the modality **MUST** be non ionizing.
- c. Peer Review for Radiologist:
  - i. As per JCAHO, each staff radiologist will participate in monthly peer review consisting of 10 studies each time.
  - ii. Studies will be reviewed on isite and comments will be documented on form provided.
  - iii. If discrepancy occurs, a third reviewer will be used, and the end result will be conveyed to the original radiologist for further actions if necessary.
  - iv. Results of peer review will be anonymized and uploaded to the radiology secure SharePoint and accessible only by that provider for educational purposes.
  - v. Scoring of peer review will be based upon ACR RADPEER:

Table 4. Proposed RADPEER scoring language		
Score	Meaning	Optional
1	Concur with interpretation	
2	Discrepancy in interpretation/not ordinarily expected to be made (understandable miss)	a. Unlikely to be clinically significant b. Likely to be clinically significant
3	Discrepancy in interpretation/should be made most of the time	a. Unlikely to be clinically significant b. Likely to be clinically significant
4	Discrepancy in interpretation/should be made almost every time—misinterpretation of finding	a. Unlikely to be clinically significant b. Likely to be clinically significant

- d. Peer review for technologist:

Grading system

Grade	Comments
1 - protocol followed	
2 - Limitations secondary to unpreventable circumstances or technique	i.e. body habitus, difficult patient, IV extravasation, etc
3 – Incorrect reformats/sequence or insufficient documentation.	i.e. not lining up with the joints, not including coronal MIPS, etc
4 – Limitations related to preventable errors in technique.	i.e. Not centering a patient, doing the wrong protocol or sequence, not including the area of concern, etc
5 – Technical callback	Patient needs to be called back for correct/repeat imaging

## VII. Center Memorandum 114-01 Preparation for Radiologic Procedures



CM114-01  
PREPARATION FOR F

## VIII. Center Memorandum 114-04 Administration of Oral and Parenteral Contrast and Diagnostic Agents



CM114-04  
ADMINISTRATION OF

## IX. Contrast Media Policy VA of WNY



VA contrast media  
policy 2018.pdf

## X. INFECTION CONTROL POLICIES – RADIOLOGY SERVICE

### **PERSONNEL PRACTICES:**

1. Personnel wear established code of dress – uniforms, lab coat or jacket
2. Handwashing is performed and artificial fingernails prohibited in accordance with CM 11-71 “Guidelines for Hand Hygiene and Glove Usage”. Hands are decontaminated before and after patient contact, when entering on duty, at the completion of duty, after contact with contaminated equipment or medical devices, and after gloves are removed. Alcohol foam antimicrobial hand rubs are available in patient rooms and are to be used for hand disinfection, as long as hands are not visibly contaminated. Hand washing sinks are also located in all patient care areas. A scrub sink is located in the Special Procedures Room.
3. All radiology staff must complete TMS training V02 Infection Prevention and Control on an annual basis.
4. Food and Drink are allowed in designated areas only and strictly prohibited in patient care areas.
5. Employees with signs and symptoms of active infections are referred to the Employee Health for determination of work status and limitation regarding patient contact.
6. Annual Influenza vaccines are offered free of charge to all employees and are mandatory as of November of 2017.
7. All Radiology department employees, determined to be at risk of potential risk for exposure to blood and body fluids, will be offered the Hepatitis B Vaccine.
8. Annual mandatory infection control education, inclusive of blood borne pathogens and Tuberculosis, will be completed by radiology staff. All staff is aware of the location of the BBP exposure control plan – i.e. CM 11-47 “Exposure Control Plan for Blood borne Pathogens” on SharePoint.
9. Sharps Safety Precautions: sharps with engineered sharps injury protection will be utilized when appropriate. In instances where a sharps safety technology is not

Revised April 11, 2018

available, work practice and other engineering control are utilized to reduce the possibility of sharps injury

### **PATIENT CARE PRACTICES:**

1. Standard (Universal) precautions are followed for all patients. Personnel will wear personal protective wear – i.e., gloves, gowns, masks/eye protection to prevent exposure to blood and other body fluids, as appropriate for the procedure and type of exposure anticipated.
2. Personal protective equipment cabinets are available and are stocked by Radiology Staff as needed.
3. Sterile technique is used for all invasive procedures. All sterile materials should be checked prior to use and on a periodic basis for package integrity and expiration dates.
4. Skin preparation is performed using s 2% chlorhexidine gluconate or an iodophor antiseptic.
5. Sterile gloves, gowns, and masks are worn as appropriate by the provider performing the sterile procedure. The radiology technologist and radiology nurse serve as circulators.
6. Sterile drapes are used for invasive procedures.
7. Iodophor scrub brushes or 2% chlorhexidine gluconate antimicrobial skin cleanser is provided for surgical scrub prior to the procedure.
8. Traffic in and out of the Special Procedures room in kept to a minimum. Communication is limited to essential conversation to avoid contamination of the sterile field.
9. Syringes in sterile field must be labeled.
10. Linens are used on radiology tables and removed between patients. Mayo stands and tables, and any reusable equipment are cleaned between cases, after the proper disposal and removal of all contaminated supplies.
- 11. Patients on Isolation for known or suspected infection are identified by nursing personnel on the unit where the patient is housed BEFORE the patient is transported to Radiology Service, and proper communication to the radiology staff at the time of arrival to the radiology department.**
12. Personnel follow written Medical Center guidelines for standard (universal) precautions and transmission based isolation practices (CM 11-41), as found in the Infection Control Manual (SharePoint).
13. Radiology Service will be notified when a patient on “Airborne Precautions” is to have a radiological exam while they are in Isolation. A portable exam in the patient’s negative pressure room will be performed whenever possible and staff will wear a NIOSH approved respirator when entering the isolation room. The patient will be masked with a surgical mask, if it is necessary that the patient have his radiological exam performed in the Radiology department. The patient will be taken directly to the exam room and never placed in a waiting room.

### **EQUIPMENT/MATERIALS:**

1. Disposable patient care items are used whenever possible (eg. barium enema bags, syringes).
2. Special procedure trays are disposable, non-disposable supplies are cleaned, processed and sterilized in SPS service.

3. Puncture-resistant sharps containers are used for disposal of all needles, syringes and other sharps in accordance with Center Memorandum 11-23 and changed by EMS when  $\frac{3}{4}$  full.
4. Control boards, panels and sensitive equipment are cleaned on a routine basis using an EPA-approved disinfectant/detergent.
5. Fan outlet parts on x-ray equipment are vacuumed during routine preventative maintenance procedures.
6. Clean linen is stored on covered carts. Soiled linen is placed into fluid-resistant laundry bags and removed off hampers when two-thirds full and replaced with clean bags.
7. Supplies for invasive procedures are stored in closed cabinets. Staff checks the integrity of all supplies and expiration dates prior to use.

### **ENVIRONMENTAL SANITATION:**

1. Daily mopping is done by Environmental Management Service using tow-bucket technique. Additional mopping is done when obvious contamination occurs.
2. General trash is collected in plastic-lined containers daily by Environmental Management Service.
3. Items identified as regulated medical waste are disposed of in accordance with Center Memorandum No. 00-10 "Disposal of Regulated (Infectious) Medical Waste".
4. Light tracks and walls in the Special Procedures room are to be cleaned quarterly and more often as needed by Environmental Management Service. Patient contact horizontal surface areas are cleaned by Radiology personnel on a daily basis and more often, as needed.
5. Tables are wiped with an EPA/hospital approved disinfectant/detergent solution by Radiology staff after any procedure in which body secretions, excretions or fluids are handled.
6. Any disposable equipment or material used during an interventional procedure or diagnostic procedure that has been in contact with bodily fluids or blood is disposed in regulated medical waste containers.

### **STERILIZATION/DECONTAMINATION:**

1. All non-disposable items – trays, sterile linens, gowns, etc. – are processed by the SPD department.
2. Needle guidance brackets (Civco) are no longer soaked in cidex prior to transport to SPD department. They are to be placed in a metal container provided by SPD, which is then placed in a red lid covered bin. This is to be transported to SPD after usage for immediate sterilization.

**VAWNYHS STANDARD Operating Procedure: Reusable Medical Equipment (Semi-Critical)**

Equipment: Transvaginal Ultrasound Probe Model #(s): IC5-9-D, E8C Manufacturer: GE

**DO NOT USE ALCOHOL BASED CLEANERS**

**Section 1: General Maintenance: By Department Owning Equipment**

Step 1. Do not drop the probes or subject them to other types of mechanical impact.

Step 2. Prior to each use, visually inspect the probe lens and case area **under a 4x magnification lamp** for cracks, cuts, tears, and other signs of physical damage included in the inspection guide for IC5-9-D transducers. DO NOT use a probe which appears to be damaged until you verify functional and safe performance. Perform a thorough inspection, including the cable, strain relief and connector each time you clean the probe.

Step 3. Before inserting the connector in to the probe port, inspect the probe connector pins. If a pin is bent, do not use the probe until it has been inspected and repaired/replaced by a GE service representative.

Step 4. DO NOT use any alcohol based cleaner. This will cause irreparable damage to probe.

Step 5. DO NOT kink, tightly coil or apply excessive force on the probe cable. Insulation failure may result.

**Section 2: User Cleaning (Pre-Cleaning done in Radiology)**

Step 1. Don gloves.

Step 2. DO NOT immerse probe in any liquid beyond the level indicated by the immersion level diagram as depicted on page 17-20 of LOGIQ manual and page 7 of IC5-9-D manual. Never immerse the probe connector or probe adaptors in any liquid.

Step 3. After each use, disconnect the probe from the ultrasound console and remove all coupling gel by wiping with a soft lint free cloth and rinsing with flowing water.

Step 4. Scrub the probe as needed using a soft sponge, gauze, or cloth to remove all visible residue with caviwipe from the probe surface. Prolonged soaking or scrubbing with a soft bristle brush may be necessary if material has dried on to the probe surface.

Step 5. Air dry or dry the probe with a soft cloth.

Step 6. Cover probe lens/ case area and connector with protective towel. Place probe in biohazard bin for transport to SPS for reprocessing.



**Equipment: LOGIQ 9 Ultrasound Probes Model #(s): M12L, 4C, 9C, MLG-15, C1-5, 9-L Manufacturer: GE**

**DO NOT USE ALCOHOL BASED CLEANERS**

**Section 1: General Maintenance: By Department Owning Equipment**

Step 4. Do not immerse probe in any liquid beyond the level indicated by the immersion level diagram on page 17-20.

Step 2. Do not drop the probes or subject them to other types of mechanical impact.

Step 3. Prior to each use, visually inspect the probe lens and case area for cracks, cuts, tears and other signs of physical damage. DO NOT use a probe which appears to be damaged until you verify functional and safe performance. Perform a thorough inspection, including the cable, strain relief and connector each time you clean the probe.

Step 4. Before inserting the connector in to the probe port, inspect the probe connector pins. If a pin is bent, do not use the probe until it has been inspected and repaired/replaced by a GE service representative.

Step 5. Do not use any alcohol based cleaner. This will cause irreparable damage to probe.

Step 6. DO NOT kink, tightly coil or apply excessive force on the probe cable. Insulation failure may result.

**Section 2: User Cleaning (Cleaning done in Radiology)**

Step 1. Don gloves.

Step 2. Disconnect the probe from the ultrasound console and remove all coupling gel from the probe by wiping with a soft lint free cloth.

Step 4. check probe for visible residue and rinse if needed

Step 5. Air dry or dry with a soft cloth.

Step 6. Using approved Caviwipes, wipe probe beginning lens end wiping toward strain relief and cable.

Step 7. Return probe to cradle on ultrasound console.

**VAWNYHS STANDARD Operating Procedure: Reusable Medical Equipment (Semi-Critical)**

**Equipment: Ultra-Pro II Needle Guidance System Bracket Model #E8385NA GE-4C, H4906BK 9L Manufacturer: CIVCO**

**Section 1: General Maintenance: By Department Owning Equipment**

Step 1. Do not drop the brackets or subject them to other types of mechanical impact.

Step 2. Prior to each use, visually inspect the brackets for cracks, cuts, tears, and other signs of physical damage. DO NOT use a bracket which appears to be damaged until you verify functional and safe performance. Perform a thorough inspection, each time you clean the bracket.

**Section 2: User Cleaning (Cleaning done in Radiology)**

Step 1. Don gloves.

Step 2. After each use, remove bracket and needle guide from transducer, discarding single-use, disposable components. Remove visible contaminants from bracket surface with flowing water. Wipe bracket using soft cloth moistened with T-Spray disinfectant or approved Caviwipes.

Step 3. Place probe in biohazard bin for transport to SPD for reprocessing.

## **XI. MEDICATION POLICY**

### **A. Anxiolysis:**

- a. Single dose of prescribed medication in the Radiology Department for patients who are claustrophobic.
- b. Levels of Anxiolysis will be minimal; patient will be able to respond to verbal commands.
- c. Patient must have order already in CPRS entered by his/her provider.
- d. Patient is to report to radiology 1 hour prior to exam time.
- e. Patient must have a responsible adult to accompany the patient as driver. VA approved shuttles are not approved modes of transportation after administration of anxiolysis. Family member, trusted friend, DAV, or special travel by means of consult are approved forms of transportation.
- f. MRI safety screening will occur prior to administration of medicine.
- g. Time out before administration of medicine.
- h. Nurse or radiologist will take vital signs before and after the examination (pre and post medicine administration).
- i. The patient is monitored throughout the procedure, and if any adverse reactions, a physician will be notified immediately.
- j. If anxiolysis are given by the house staff before radiology examination or procedure and consent is required, the patient must be alert and oriented times three in order to consent.
- k. The dosage, time of administration, and vital signs will be recorded in the patient's medical record.
- l. The patient may be discharged if vital signs are stable and no complaints.

## **XII. Critical Results Reporting**

- A.** Critical results that have the potential to be life threatening or cause serious harm that require urgent intervention or change in patient management **MUST** be communicated to the provider or their surrogate at the time of exam interpretation.
- B.** Critical code communication is monitored monthly for compliance as part of QA.
- C.** Critical code for powerscribe: **1002**
- D.** Examples of critical results:

<b>Suggested Critical Results for the Joint Commission</b>
<b>Published - June 6, 2014</b>
Ectopic Pregnancy
Intracranial hemorrhage
Pulmonary Embolus
Ruptured/ leaking aortic aneurysm
Severe spinal cord compression (new/acute)

Significant misplacement of tubes or catheters  
Tension pneumothorax  
Testicular / ovarian torsion  
Unexplained pneumoperitoneum  
Unstable spine fracture

**E.** Annual review of dictation alerts in dictation system and vista radiology package will be performed at the end of each fiscal year to ensure only active codes are available are on dictation system. Also to ensure that appropriate codes generate the appropriate response to the ordering provider.

- Active code sheet located in G drive under Radiology will be reviewed yearly and updated if necessary.
- PACs manager will work with Chief of Radiology to review list.
- If updates are needed, notification and concurrence with the other VISN 2 North chiefs are required prior to implementation of the proposed changes.

### **XIII. RADIOGRAPHIC TECHNIQUES**

#### **A.** Patient examination verification:

- a. Make sure the order request matches the patient being examined by using two identifier method (name, date of birth, and or full social security number).
- b. Make sure the exam is performed appropriately. Sometimes additional views are stated in the comments. Always check the ENTIRE ORDER.
- c. After performing the appropriate exam, verify that images are correct and match the patient and laterality.
- d. If correct, send the exam to BOTH ISITE AND VISTA.
- e. Log into ISITE to verify that correct exam and images are attached.

#### **B.** Possibility of pregnancy:

- a. If the last menstrual period was more than 4 weeks ago and/or the patient is not sure if she is pregnant, consider deferring the examination (if NOT immediately needed) until pregnancy is ruled out.
- b. Alternatively, an HCG blood pregnancy test should be performed before beginning the study or the patient answer the pregnancy inquiry in VISTA prior to the examination if between the ages of 12-55 years old.
- c. If the study is urgently needed, such as a trauma, perform the study regardless of pregnancy, and shielding should be used if possible.
- d. Monthly QA for pregnancy questionnaire will be performed to check compliance.
- e. Please refer to pregnancy testing guide:



Pregnancy Protocol  
2017.docx

i.

- f. Female patients will now have to sign pregnancy questionnaire in IMED consent at registration starting December 2017 verifying if they are pregnant or not, or

unsure, and their LMP.

#### **XIV. MAMMOGRAPHY**

- A.** Screening mammograms are performed daily Monday – Friday. The images will be reviewed by a trained radiologist, and the report will be mailed to the patient. If additional images are required, the patient will be brought back for additional views if the patient was unable to wait for results or complete additional imaging that day.
  - a. When radiologists are appropriately staffed, the patient may wait after images have been acquired for the radiologist to review and provide a reading.
- B.** Diagnostic mammograms: The images need to be reviewed immediately after it was performed to ensure no additional views or modality is needed. The results will be conveyed to the patient after the examination.
- C.** Callbacks (Code 0) are differentiated into two and should be stated in the report:
  - a. Technical call back: secondary to technical errors such as skin folds, not enough coverage, etc.
  - b. Diagnostic call back (incomplete exam): secondary to potential pathology that will require additional views.
- D.** Yearly mammography audits of suspicious lesions are available on the G drive under “Radiology Staff” for follow up.

### **VA Western New York Healthcare System *Patient Instruction***

#### **MAMMOGRAPHY**

##### **What is a Mammogram?**

A mammogram is an x-ray procedure used to film the internal tissues of your breast. The study uses safe low-dose radiation to determine the possibility of irregularities within the breast. A mammogram can detect areas that would be too small or deep to feel which may or may not require further investigation.

##### **What will the mammogram be like?**

A radiology technologist who has received specialized training in mammography will perform the mammogram. You will be asked to undress from the waist up. The technologist will then gently position and compress your breast on a film holder. The compression is necessary to reduce the thickness of the breast, which allows a low dose of radiation to be used for the clearest possible x-ray image. The standard exam requires at least two pictures to be taken in two different positions.

##### **How long will the mammogram take?**

The average time for the entire exam is usually 15 to 30 minutes.

##### **How will I learn about my results?**

The radiologist (a physician specially trained to read x-rays and mammograms) will study your films and the results will be mailed to you.

### **Does every woman need to have a mammogram?**

Yes, breast cancer strikes nearly one out of every eight women in the United States. The earlier breast cancer is detected, the easier it is to treat. The American Cancer Society recommends a first mammogram be performed between the ages of 35 to 40 and repeated every 1 to 2 years. Personal risk factors and family history may affect how soon and how often you have a mammogram. You should discuss these issues with your physician.

Due to personal risk factors and/or family history, men may be requested by their physician to have a mammogram.

The Mammography Program here at the VA Western New York Healthcare System is fully accredited by the Federal Drug Administration and The American College of Radiology.

## **VA Western New York Healthcare System**

### ***Patient Home Instruction***

### **NEEDLE BIOPSY OF THE BREAST**

#### **Immediate Post-Operative Instructions**

1. You must arrange to have a family member or friend drive you home after the procedure.
2. Please have someone with you for the first 24 hours after the procedure.
3. Do not remove the bandage from the biopsy site until 24 hours after the procedure, and do not submerge the biopsy site under any standing water such as a pool, bath, or hot tub. Showers are permitted.

#### **Problems**

Please report any of the following to your physician:

- Temperature of 101 or greater
- Chills
- Severe pain at the biopsy site
- Bleeding or drainage from the biopsy site

- Redness, warmth, swelling or tenderness at the biopsy site

### **Incision and Dressing**

1. Remove the bandage 24 hours after the biopsy.
2. Showers are permitted. Pat the biopsy site dry.

### **Reminders**

1. Continue to take the medications ordered by your physician.
2. Your next \_\_\_\_\_ clinic appointment is \_\_\_\_\_.
3. It is important that you keep your appointments. Please call the VA if you need help in setting up your appointments.

### **Comments/Additional Information**

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**You have been scheduled for your Mammogram**

### **Mammography Instructions:**

**There is no dietary prep for this examination.**

**If this is your first mammogram with our facility, but you have had a prior mammogram elsewhere, it is very important that we have your last mammogram to compare with the one we will be performing. Any changes that may occur can be important when the Radiologist reads the study. **If possible, please obtain your last mammogram and bring it with you.****

**For your convenience, wear a two-piece outfit as you will have to remove everything from the waist up. A gown will be provided for you to wear during the exam.**

**Do not use any deodorant, perfume, powder, ointment or other preparations in your underarm area or on your breast. Residue from such preparations can create misleading results.**

**Report to the Radiology Department 2<sup>nd</sup> Floor 2A.  
716-862-7996, 716-862-7821, or 716-862-7820**

**Your Mammography Team.**

**Technologist to note:** Yearly Only – No Complaints YES  or NO Pt has c  as  
explain below

**Previous: Dense \_\_\_\_\_/Scatt fibrogl \_\_\_\_\_/Benign Calcs \_\_\_\_\_**

**Technologist Notes to Radiologist:**

**Previous: Dense \_\_\_\_\_/Scatt fibrogl \_\_\_\_\_/Benign Calcs \_\_\_\_\_**



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGE: \_\_\_\_\_ Under 55 please answer: Any Possibility of Pregnancy: NO \_\_\_\_\_ YES \_\_\_\_\_

Date of Last Menstrual Period \_\_\_\_\_ OR Menopause \_\_\_\_\_  
Hysterectomy \_\_\_\_\_

PLEASE CIRCLE THE TYPE OF MAMMOGRAM YOU ARE HERE FOR TODAY:

ROUTINE      PROBLEM (Patient explain) \_\_\_\_\_

HAVE YOU EVER HAD A MAMMOGRAM BEFORE?

\_\_\_ NO

\_\_\_ YES      WHEN: \_\_\_\_\_ VA: \_\_\_\_\_ OTHER: \_\_\_\_\_



When was the last time you had your breasts examined by your Doctor?

\_\_\_\_\_

ARE YOU TAKING HORMONES?

\_\_\_\_\_ NO                      \_\_\_\_\_ YES

HAVE YOU HAD ANY BREAST SURGERY OR BIOPSY?

\_\_\_ NO      WHICH BREAST: \_\_\_\_\_      WHEN: \_\_\_\_\_ Pos \_\_\_\_\_ Neg \_\_\_\_\_

\_\_\_ YES      **Implants** \_\_\_\_\_      Reduction \_\_\_\_\_

DO YOU HAVE ANY IMMEDIATE FAMILY HISTORY OF BREAST CANCER?

\_\_\_ NO

\_\_\_ YES      WHO? \_\_\_\_\_ And the age they found out \_\_\_\_\_



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## ABOUT YOUR RESULTS:

**Occasionally, the Radiologist may find it necessary to recall a patient for additional views of the breast tissue. If you receive a call or letter asking you to return, please do not be alarmed. Additional views or usage of another method such as ultrasound may be needed to evaluate something seen on the mammogram.**

**The breast is composed of a great deal of tissue, and sometimes, some tissue may overlap one another on the mammogram, making it harder to visualize.**

**Although mammography is the single best method in detecting breast cancer, it is not perfect. It is very important for you to do regular, careful, monthly breast self-examination, and have a clinical checkup as often as your physician recommends.**

**Remember, early detection is very important. A thorough examination includes mammogram, physical examinations, and breast self-examination. The American Cancer**

Revised April 11, 2018

**Society Guidelines recommend screening mammograms and physical breast examinations yearly beginning at age 40.**

**Thank you in advance for your cooperation.**

**Sincerely,**

**Your Mammography Team**

## **STANDARD OPERATING PROCEDURES SCREENING AND DIAGNOSTIC MAMMORGRAPHY**

**Purpose:** To provide the most efficient process for evaluation of screening and diagnostic mammograms to optimize patient care.

**Policy:** A standardized approach has been established for stepwise process to evaluate screening and diagnostic mammography.

**Responsibilities:** The following staff members are responsible for adhering to the procedures outlined in this document for patient care:

1. Mammography Radiologists
2. Mammography Technologists.

### **Screening Mammography**

1. Definition: Screening mammogram is designed as an annual or once every two year screen for evaluation and detection of breast cancer or other abnormality in the absence of any acute abnormality or palpable abnormality within the breast.
2. Additional views to obtain the entirety of the breast or improve on existing images (due to skin folds or other artifacts) may be obtained under the mammography technologist's discretion if a radiologist is unavailable for consult.
3. Additional views to further evaluate an abnormality on a screening mammogram should be under the discretion of the attending radiologist responsible for mammography that day.

4. In the event that the staff mammography radiologists are not available due to staffing such as sick leave or annual leave, only screening mammograms may be performed that day, and the patient will have their results mailed on the next business day a mammography radiologist is available. NO DIAGNOSTIC mammography should be performed if there are no mammography radiologists in house.
5. Following completion of desired views for the screening mammogram:
  - a. The technologist should inform patient that he or she may wait for the results, but give the caveat that results may take up to an hour for interpretation depending on the level of staffing.
  - b. Technologist will then notify the mammographer that is scheduled for the day for evaluation of the mammogram.
  - c. If additional views are needed, the mammogram will then be converted to a diagnostic mammogram for additional views with the same modality or additional modality.
  - d. If patient is unable to stay for additional views due to time restraint, the exam can be coded as a zero, and the patient will be scheduled in the near future for additional views or another modality exam.
6. Code zero:
  - a. In the instance of code zero, the patient will have either the workup on the same day or be scheduled for another more convenient day depending on the patient's and radiology schedules.
  - b. If patient is being worked up the same day, radiologist reading the exam must designate a new ACR BIRADS category other than zero if no other imaging is needed.
  - c. If the patient is being worked up on another day, radiologist reading the exam must designate a new ACR BIRADS category other than zero on the subsequent study. An addendum on the initial study is not required.
7. Waiting period for prior comparisons:
  - a. According to MSQA guidelines, a patient is given up to 30 days from the date of the screening mammogram to obtain prior comparisons from an outside institution so the dictation for the mammogram performed at the Buffalo VAMC can be completed.
  - b. At the VA of WNYHCS, the patients are allowed up to 10 business days to obtain prior comparisons for completion of the current mammogram.
  - c. This will prevent unnecessary imaging by early dictation or unnecessary code zero. This will also assuage any anxiety which may accompany the unnecessary code zero.

### **Diagnostic Mammography**

1. Definition: A diagnostic mammogram is for further evaluation of an acute abnormality or palpable abnormality from either a screening mammogram, or a physical examination.
2. A diagnostic mammogram MUST be checked by a radiologist prior to patient leaving the radiology department for any additional views.

3. The results of the diagnostic mammography or other additional modalities will be conveyed to the patient the same day.
4. CAD is not a part of the dictation component for a diagnostic mammogram.
5. Additional views to further evaluate an abnormality on a diagnostic mammogram should be under the discretion of the attending radiologist; either the radiologist in charge of mammography at the time of imaging OR the radiologist who initiated the callback sequence.

## **XV. MRI**

- A.** Patient information brochure
- B.** Protocol book is stored in the MRI suite. Any changes will need to be approved the chief of radiology and an approved written protocol form will be submitted into the protocol book.
- C.** See attached SOP for non Buffalo MRI requests.
- D.** MRI Safety attachment
  - a. Newest 2016 edition



VA MRI Safety  
92016.pdf

- b. MRI Screen questionnaire



MRI Patient  
Screening Form 2017.

**You have been scheduled for an MRI:**



## **MRI INSTRUCTIONS:**

Revised April 11, 2018

Your Doctor has ordered a test called an MRI (Magnetic Resonance Imaging). It is an exam that uses radio waves and magnetic fields aided by a computer to produce images of your bones and soft tissues in great detail.

**If you are claustrophobic, have had surgery on your spine (only if MRI is for spine), any type of cancer, pregnant or if you have a pacemaker, neurostimulator, or any other implant, you should call the Radiology Department at (716) 862-7996 and speak to someone. If your shoulders are 24 inches or wider, or if you are over 300 pounds, please call Radiology Department at 716-862-7996. We may not be able to scan you here due to the size of the MRI machine.**

Please arrive 15 minutes prior to your scheduled appointment time. A Technologist will complete a Safety Questionnaire with you. The Technologist will explain the exam to you, how long it will take, and answer any questions you may have.

If your Doctor has ordered your MRI with contrast, an IV will be started when you arrive for your appointment.

\_\_\_\_\_ **Study requires NO Preparation.**

\_\_\_\_\_ **Study MAY require injection of IV contrast, blood levels MAYBE necessary.**

\_\_\_\_\_ **Study requires you to be fasting for 4 hours prior to exam.**

\_\_\_\_\_ **Study requires sedation, please arrive 1 hour prior to appointment time to meet with our Nurse.**

\_\_\_\_\_ **Study requires you have a driver.**

If blood levels ARE necessary, please have your blood drawn at the nearest VA blood lab within 30 days of your appointment. Your ordering Physician or Primary Care Provider will have placed an order in VISTA for the lab work.

\*Please be advised: MRI is a scarce and valuable resource therefore it is ESSENTIAL to call the radiology department at 716-862-7996 if you cannot keep your appointment time. If you fail to report for your scheduled exam, your request may be cancelled and the necessity of the procedure will need to be re-evaluated by the requesting physician.

If you have questions regarding why you need this exam, **please contact your Health Care Provider.** If you need further instructions about preparing for the exam please call the radiology department at 716-862-7996.

Your VA Radiology Team.

## **XVI. CT**

- A.** All staff is to image according to the pre approved protocol book located in the CT suite, or an approved protocol by a radiologist.
- B.** Close attention should be made to clinical history on the order request as that may aid in localizing the area of interest to be scanned as to avoid unnecessary radiation.
- C.** CT technologists are to check order requests at least 4-5 days ahead of time to insure proper labs and contrast orders are placed.
- D.** If patient requires oral or IV fluid hydration, this will be brought up to the radiologist for review. If the patient is an inpatient or ED patient, the IV hydration can be administered by the clinical team. If the patient is an outpatient and IV hydration is needed, an order either from the ordering clinician or radiologist for infusion clinic will be placed. Please refer to contrast media policy for hydration protocols.
- E.** If oral hydration is required for an outpatient, the CT technologist will inform the patient:
  - a. At least 2 days in advanced before their scheduled appointment for proper hydration 24 hours prior to the exam, and at least 8 hours post exam.
  - b. General instructions when they are in the department include:
    - i. Drinking 1L of water prior to scan
    - ii. Instructing them to drink between 1-2L following their scan within the span of 8-12 hours.
- F.** If IV hydration is required for an outpatient, the CT technologist will inform the patient and also the following:
  - a. Technologist will contact the provider via CPRS note to put in order for outpatient hydration if the patient can tolerate fluids.
  - b. Order includes 250cc NS IV given over 15min before the exam, and again 250cc NS IV given over 15 min following the exam.

- c. Order is to be placed by ordering physician, and if necessary, an in house radiologist.
  - d. The infusion can be given in radiology when a radiology nurse is available and during administrative hours.
    - i. In the event a radiology nurse is not available, the infusion clinic will provide as a backup.
    - ii. When the infusion clinic is used, ordering provider, and if necessary, an in house radiologist, should also place a consult for the infusion clinic.
- G.** Please see CM 114-01 for CT ordering instructions regarding IV contrast orders.

**Western New York Healthcare System**  
*Patient instruction*  
**C.T. SCAN**

**What is a C.T. Scan?**

CT scan stands for Computerized Tomography, which refers to the way the exam is performed. The CT scan is an x-ray procedure, allows the radiologist to visualize the internal structures of your body.

**What will the exam be like?**

Your exam will be performed by a trained radiology technologist using approved protocols reviewed by our radiologists.

Before the exam begins the technologist will explain the procedure to you and gently position and secure you to the scan table. During the examination, it is extremely important that you remain as still as possible. Any motion may blur the pictures and result in them needing to be repeated.

During the CT exam, you will be moved into the scanner, which is a small chamber. You will be in full view and have full communication with the technologist during the entire examination. You will hear the humming of the CT equipment and feel movement of the table as the examination proceeds.

Some CT examinations are done with a contrast media sometimes called x-ray dye. Depending on the body part to be studied, the dye can be given by injection, by mouth or both. IF you receive an injection of dye, you will feel a warm sensation as the dye moves through your body. The dye highlights various body parts and is eliminated in about a day.

**How long will the exam take?**

The average time for a CT scan is 30 to 60 minutes depending on the number of areas of the body that are to be studied. The time of the study includes all preparation and time for the computer to generate the pictures. The actual exposure time to radiation is minimal.

**How will I learn the results?**

The radiologist (a physician who specializes in reading x-ray and CT scans) will study your exam and provide a written report to your doctor. Your doctor will notify you and discuss the final results with you.



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**You have been scheduled for a CT Scan: An appointment time and date has been scheduled to avoid any delay in your care. Please contact us if this date/time will not work.**

**CT APPOINTMENT INSTRUCTIONS:**

Your Doctor has ordered a test called a CT scan (Computed Tomography). CT is a special X-ray examination that is used to examine any area of the body.

Your scheduled exam requires one of the following Preparations checked off below:

Your Doctor has requested a CT scan with IV contrast. You will have an IV administered at the beginning of your appointment.



\_\_\_\_\_If blood levels are necessary, please have your blood drawn at the nearest VA blood lab at least 7 (seven) days prior to your appointment. Your ordering physician or primary care provider will have placed an order in VISTA for the lab work.

\_\_\_\_\_Your Doctor has ordered a CT Scan with oral (drinkable) contrast. You will need to fast (no food or drink) for four hours before your appointment. The pharmacy will dispense the oral contrast for you to drink before the exam. In an attempt to decrease the time you spend in the radiology department, you may pick up your contrast ahead of time at the Out-Patient Pharmacy prior to your exam time. Drink one bottle 2hrs before your appointment and drink the 2<sup>nd</sup> bottle 1hr before your exam time.

\_\_\_\_\_Your Doctor has ordered a CT enterography to evaluate your bowel. You will need both IV and Oral contrast. You will need to fast (no food or drink) for four hours before your appointment. Oral contrast will be administered in the radiology department so please arrive 1 hour and 15minutes PRIOR to your appointment.

\_\_\_\_\_Your Doctor has ordered a CT scan without oral or IV contrast. Study requires NO preparation.

If you have questions regarding why you need this exam, **please contact your Health Care Provider.**

If you need further instructions about preparing for the exam or if you need to reschedule, please call the Radiology Department at:

(716) 862-7820/7821

(716) 862-7996

Report to the Radiology Department 2<sup>nd</sup> Floor 2A.  
Your Radiology Team.

## **CORONARY CTA PATIENT PREPARATION** **INSTRUCTIONS(subject to change when program restarts in** **May 2018)**

### **Before the study:**

If you are prescribed Viagra (sildenafil citrate), Levitra (vardenafil) or equivalent, do not take 48 hours prior to the study. If you are prescribed Cialis (tadalafil) or equivalent, do not take 72 hours prior to the study.

Do not consume any form of CAFFEINE for 12 hours prior to the study.

Do not eat any solid foods for 6 hours prior to your study. Please have **clear liquids** until 2 hours before your study.

### **The Day of the Study:**

Take all of your medications as scheduled, except **diabetic** medications. Take diabetic medications after your study except metformin. Do not take metformin for 48 hours after your study.

Do not use nicotine patches the day of the study.

Drink two 8 ounce glasses of water when you are on 5A.

**During the study:**

You will be given IV contrast (x-ray dye) for this study, so a needle will be placed in your arm near the elbow area.

You will be attached to an EKG and Blood Pressure machine to monitor your heart rate, blood pressure and pulse during the study.

You may receive a nitroglycerine tablet under your tongue during the study.

**After the study:**

You will be briefly monitored on the nursing floor before being discharged.

You can resume your normal diet and remember to drink plenty of fluids.

**Examples of Clear Liquids**

Soda pop (all flavors without caffeine)  
Clear broth  
Jello (all flavors)  
Apple Juice  
Orange Juice,  
Cranberry Juice  
Kool Aid (all flavors)  
Gator Ade (all flavors)



**CTA Scheduling Process Instructions (subject to change when program restarts)**

1. Receive requisition
2. Profile order still active
3. Determine date should be done

4. Urgent, Stat, and previous cancellation requests should be done first
5. Profile for date desired and organize in order of date
6. Find patient's phone number and place on requisition
7. Verify labs for 30 days and that they are within normal limits (creat/egfr)
8. Check if patient is on Metformin (glucophage, glucovance, avandamet, metaglip) hold drug day of test (only if GFR is less than 30), then hold for 48hr after CTA done, put in repeat creat/egfr for pt to have drawn on Thursday after test, (under provider) give information sheet to pt before transfer back to ASU dept.
9. If labs not current, place order for ordering provider to sign
10. If labs not within normal limits explain to patient that he/she will need to be in the hospital for one hour before the scheduled ASU arrival and six hours after the study is completed. Include need for saline infusion in CPRS scheduling note and include the ordering provider as an additional signer.
11. Call the patient to schedule. Uses the Radiology Calendar to determine dates that are available. **Put date in Radiology Calendar while speaking with the patient.** Schedule only on Tuesday afternoon 1p and 2. ASU appointment is one hour prior. Tell patient to report at 12, or 1pm. (subject to change)
12. Pull up letter and explain the study to the patient. Fill in dates and important data in the letter.
13. Copy and paste the letter into CPRS. Put radiologist (Dr. Deng) and ordering provider as additional signer.
14. E-mail the ASU clerks with the date and time and CTA Heart. If patient will receive saline , include in note to ASU clerks.
15. Make appointment in Surgery Calendar (ASU) and do pick up slip for 5A. Patients need to be on a litter. Staple pick up slip to requisition and place both in appropriate slot at registration desk.
16. Mail the letter to patient.

## **XVII. ULTRASOUND**

- A. Please refer to the updated ultrasound protocol book available in each sonography room for the appropriate protocols and up to date management.
- B. Images must be checked by a radiologist prior to the patient leaving the department during administrative hours.
- C. Since we are not an obstetrics radiology department, routine pregnancy sonography check ups are not performed here at the Buffalo VA. If ectopic pregnancy is in question, please perform the following:
  - a. Patient with a positive b HCG will be scanned by transvaginal ultrasound to assess for intrauterine pregnancy. If only a transvaginal ordered, please add in a transabdominal portion.

- b. If IUP found, a quick fetal heart rate will be obtained using M mode to assess for fetal viability.
- c. If IUP not found, and no other abnormality is identified in keeping with a positive b HCG, the referring physician will transfer the patient to another facility that specializes in ectopic pregnancies for further evaluation.
- D.** If only a transvaginal pelvic ultrasound ordered, please also add in transabdominal pelvic ultrasound.
- E.** Any ultrasounds in the region of the abdomen including renal and pelvic ultrasounds should have at least a 6 hour fast prior to exam.
- F.** On call emergencies during non-administrative hours include but not limited to:
  - a. Acute cholecystitis
  - b. Ectopic pregnancy: Please refer to ectopic pregnancy memo in protocol book.
  - c. Ovarian or testicular torsion
  - d. For other emergencies if uncertain, please refer to the on call radiologist.
- G.** Breast ultrasounds: Please refer to Mammographer of the day.

### **CHAPERONE GUIDELINES: MAY 2015**

- A.** In accordance to VHA chaperone guidelines along with standard of procedure from VAWNY:
  - a. Breast Ultrasound, Breast MRI, Pelvic Ultrasound, Pelvic or Femoral Vascular Ultrasound or any procedure that exposes the groin or pubic area: For the protection of both the patient and the radiologist or technologist, it is *highly recommended* that male radiologists or technologists have a female chaperone present. Female radiologists and technologists *should ask* female patients if they want a chaperone and provide chaperones on request.
    - i. If the patient is asked and refuses, please document in isite.
  - b. Trans-vaginal Ultrasound: A female chaperone is always required regardless of the gender of the radiologist or technologist.
    - i. Due to availability of chaperone, the sonographers will ask each indicated patient if she would like a chaperone.
    - ii. If the patient would like a chaperone, and one is available, then the scan can proceed without delay.
      - 1. Technologist will state in isite, "chaperone used."
    - iii. If the patient would like a chaperone, but one is **NOT** available, then the exam will need to be rescheduled for a time when there will be one available.
    - iv. If the patient opts for no chaperone, then technologist will state in isite, "patient opted for no chaperone."
  - c. Male Ultrasounds: involving exposed groin or pubic area. For the protection of both patient and staff members, it is highly encouraged that female radiologists or technologists have a chaperone present. Staff member should ask the male patients prior to exam if one is requested.
    - i. If a chaperone is used, please document in isite.

- H.** For all transvaginal ultrasounds, please place in isite a note stating:

Revised April 11, 2018

- a. Serial # of probe
- b. Inspection status
- c. Chaperone opt in or out

## **ULTRASOUND**

### **What is an Ultrasound?**

Ultrasound (sonogram) is a painless safe procedure that uses sound waves instead of radiation to obtain a medical image or picture of internal organs and soft tissue structures. The ultrasound examination is used to detect disease or damaged tissue in body parts such as the heart, blood vessels, uterus or bladder. The examination can show both structure and function of the parts being examined. Ultrasound is also used in pre-natal care to determine the age, sex and development of the unborn child.

### **What will the exam be like?**

You will be greeted by an ultrasound technologist who is highly skilled and educated in performing these exams. The technologist will assist you in getting on the examination table. When you have been correctly positioned for the examination, an oil or gel will be applied to the body part that is to be examined. A hand-held transducer is then moved slowly back and forth across the area to produce the image on the ultrasound computer screen. Some studies require you to drink water because the sound waves used by the ultrasound equipment travel better through water and result in better pictures.

### **How long does the examination take?**

The average time for an ultrasound examination is 30 to 60 minutes, depending on how many body parts are being imaged.

### **How will I learn the results?**

The radiologist (a physician who specializes in reading x-rays and ultrasound pictures) will study your films and provide a written report to your doctor. These results will be available to you from your doctor.



You have been scheduled for an Ultrasound:

**An appointment time and date has been scheduled to avoid any delay in your care.  
Please contact us if this date/time will not work.**

An Ultrasound is an exam that uses sound waves to create images of the soft tissues in your body. It is also sometimes referred to as a sonogram. Your scheduled exam requires you to prepare according to the directions indicated below:

\_\_\_\_\_ Abdominal Ultrasound/ Aorta: Clear liquids **ONLY** for at least six hours before your exam. You may drink a small amount of water, black coffee or tea, or have some jello or clear broth. Do not eat any solid foods or put cream or milk in your coffee during the six-hour fasting period.

\_\_\_\_\_ Thyroid: Require **NO** fasting preparation.

\_\_\_\_\_ Scrotum: Require **NO** fasting preparation.

\_\_\_\_\_ Breast Ultrasounds: Require **NO** fasting preparation.

\_\_\_\_\_ Renal: 1 glass of water prior to exam, do not empty bladder. Six hours before exam, only clear liquids. You should have a **FULL BLADDER** before the exam.

If you have questions regarding why you need this exam, **please contact your Health Care Provider.**

If you need further instructions about preparing for the exam or if you need to reschedule, please call the Radiology Department at:

(716) 862-7820

(716) 862-7821

(716) 862-7996

Report to the Radiology Department 2<sup>nd</sup> Floor 2A.  
Your Radiology Team.



**You have been scheduled for a Pelvic Ultrasound:**

**An appointment time and date has been scheduled to avoid any delay in your care. Please contact us if this date/time will not work.**

An Ultrasound is an exam that uses sound waves to create images of the soft tissues in your body. It is also sometimes referred to as a sonogram. Your scheduled exam requires you to prepare according to the directions indicated below:

**\_\_\_\_\_ Pelvic Ultrasound:** You should have a **FULL BLADDER** when you arrive for your appointment. Drink 4 glasses (8oz each) of any beverage: juice, water, soda, coffee, tea etc. Do **NOT** empty your bladder until the procedure is over.

**\_\_\_\_\_ Trans-Vaginal Ultrasound:** Requires no preparation.

If you have questions regarding why you need this exam, **please contact your Health Care Provider.**

If you need further instructions about preparing for the exam or if you need to reschedule, please call the Radiology Department at:

**(716) 862-7820**

**(716) 862-7821**

**(716) 862-7996**

**Report to the Radiology Department 2<sup>nd</sup> Floor 2A.  
Your Radiology Team.**

**XVIII. RADIOGRAPHY/FLUOROSCOPY**

- A.** Staff should follow the XRAY protocol book for specifics on each exam.
- B.** Labeling the position (supine, prone, PA, AP, etc) is mandatory for each exam/image performed.
- C.** Labeling laterality is mandatory for each exam/imaged performed.
- D.** Images should be checked following the completion of the exam on ISITE to verify all images are correct and sent.





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**You have been scheduled for one of the following exams:**

**UPPER GI  
BARIUM SWALLOW  
ESOPHOGRAM  
SMALL BOWEL**

Your Doctor has ordered an x-ray of your upper digestive system. This test is done in the X-ray Dept. and is usually completed within 1 hr. You will be given a barium flavored liquid to drink.

A series of x-rays will be taken while you swallow this liquid. The results of this exam will be given to your Primary Care Provider.

**Day before the test:**

**DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.**

**Day of the test:**

**If DIABETIC, hold medication until test is over.**

**DO NOT** eat or drink anything until the test is completed.

**If you have questions regarding why you need this exam, please contact your Health Care Provider.**

**If you need further instructions about preparing for the exam or if you need to reschedule, please call the Radiology Department at:**

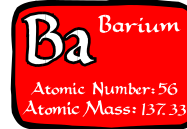
**(716) 862-7820**

**(716) 862-7821**

**(716) 862-7996**

**Report to the Radiology Department 2<sup>nd</sup> Floor 2A.**

**Your Radiology Team.**



You have been scheduled for a Barium Enema:

**If you have not received the required Preparation, You must contact your Primary Care Provider. This is a Pharmacy Order that your Doctor must order.**

A Barium Enema is an x-ray examination of the large intestine/colon.

**Day Before the Test:**

1. Drink only CLEAR Liquids for the entire day. No solid food. You may have water, broth, jello, tea or coffee with sugar.
2. At 5:00pm drink the entire bottle of MAGNESIUM CITRATE.
3. At 10pm take four (4) tablets of BISACODYL.
4. After midnight DO NOT EAT OR DRINK anything.

**Day of the Test:**

Do not eat or drink anything until the test is over. If DIABETIC: hold medication Until the test is over.

If you have questions regarding why you need this exam, **please contact your Health Care Provider.**

If you need further instructions about preparing for the exam or if you need to reschedule, please call the Radiology Department at:

(716) 862-7820  
(716) 862-7821  
(716) 862-7996

Report to the Radiology Department 2<sup>nd</sup> Floor 2A.  
Your Radiology Team.

## **XIX. INTERVENTIONAL RADIOLOGY**

- A. All procedures must be discussed with the Interventional radiologist of the day and to the radiology nurses by the clinical team before scheduling a procedure to allow for coordination for a safe and expedient process.
- B. The clinical team is responsible for placing the procedure order as well as any additional orders needed such as, but not limited to, pre procedure labs, labs/tests for the specimen in question, and pathology sample.
- C. There is no weekend over overnight IR coverage.
- D. Nurse pager: 2888
- E. All interventional procedures must be approved by a radiologist who will be performing the procedure.
- F. Procedures can be performed in the following settings:
  - A. Radiology, OR, Emergency department, or Patient ward.
- G. Procedures performed by radiology described in COM 114-01 in the low, moderate, and high risk categories full under clean contaminated, contaminated, and dirty according to joint practice guidelines.
  - A. Absolute sterile technique is to be used when feasible and appropriate. The appropriateness of level of infection control may depend on the urgency of the procedure and can usually be left to the discretion of the clinician. However, at the very least, a clean environment with sterile instrumentation should be available.
- H. Procedures that are minimally invasive including but not limited to, joint injections and aspirations, and superficial biopsies should be performed in a clean environment with sterile instrumentation.
- I. Intrathecal Chemotherapy via Lumbar Puncture:
  - A. Intrathecal medication will be administered by a physician with specialized training; the interventional radiologist is to perform the LP only.
  - B. Practitioner administering intrathecal chemotherapy dose must pick it up from the pharmacy prior to the start of the procedure, and bring it to the Radiology Department.
  - C. PPE as with IV chemotherapy, safe handling/disposal, including practitioners to perform hand hygiene, don impervious gloves including Nitrile gloves for handling chemotherapeutic agent, impervious long sleeve gown, and mask, face shield, or eye protection. Staff including, radiology nurse and technologist are to comply with universal protocol and will ensure gloves, chemo spill kits, sharps containers and yellow chemotherapy disposal bins are available, pre-procedure. EMS will be contacted on the day of the procedure in the event there is a spill/contamination for appropriate cleaning of interventional area.
  - D. Post procedure the patient will be transferred to ASU for recovery, after report via SBAR policy.

## **XX. SAFETY**

- A. Fire safety:
  - a. Make sure your corridors are wide open.
  - b. All items in the hallway must be removed to assist evacuation of patients on gurneys and beds when necessary.
  - c. Follow RACE Procedures

- i. Remove Patients, Family, and Employees from the immediate area.
    - ii. Activate the fire alarm and call x3300 in Buffalo and x72500 in Batavia.
    - iii. Confine, close all doors and windows.
    - iv. Evacuate the area if necessary.
  - d. What to do everyday to maintain your life safety:
    - i. Make sure all exits are clear of obstructions.
    - ii. Make sure all emergency signs can be seen from one end of the corridor to the other.
    - iii. Make sure all corridor doors and smoke barrier doors are not blocked open with something that would not allow them to close quickly in case of an emergency.
    - iv. Make sure all fire alarm pull stations are easily accessible at all times in case you need to use them.
  - e. Any questions or to schedule a wing/ward or floor fire safety inspection, please call **Todd Ralph @ 716-862-7992**.

**B. Life Support Training.**

- a. All staff in contact with patients or have any role in patient care must be BLS certified.
- b. Certifications are valid for two years, and it is the staff member's responsibility to keep certification up to date.
- c. All staff utilizing moderate sedation must be up to date with ACLS and moderate sedation training.

**XXI. RADIOLOGY INVENTORY:**

**Please refer to biomed.**