

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST

Referral Criteria for Medical CT Radiation Exposures

Chest Referrals

The Ionising Radiation (Medical Exposure) Regulations 2017

Document Control			
Reference No:	4.1	First published:	May 2018
Version:	3	Current Version Published:	August 2023
Lead IRMER Practitioner:	Dr Maliakal	Review Date:	August 2026
Document Managed by Name:	Mr Stephens	Ratification Committee:	CT Management Team
Document Managed by Title:	CT Speciality Manager Radiation Protection Supervisor	Date EIA Completed:	August 2023
Consultation Process			
Advice, Guidance and agreement sought from:			
Dr Binns; Dr Kennan Lead Body Radiologists		CT Management Team	
Mrs Cooper - CT Section Manager HRI.		Mrs Tomlinson –CT Section Manager CHH	
Dr Moore – Radiation Protection Advisor		Dr Wood – Radiation Protection Advisor.	
Key words (to aid intranet searching)			
Target Audience			
		Clinical Staff	
Managers		Nursing Staff	
		Medical Staff	
Version Control			
Date	Version	Author	Revision description
14/07/2020	2	A Stephens	Added post COVID referral criteria
21/08/2023	3	A Stephens	General Review and Update

CT IRMER Procedures

INTRODUCTION

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

PURPOSE

Referral Criteria: This document ensures the CT department is compliant with regulation 6(5a) of the Ionising Radiation (Medical Exposure) Regulations 2017.

It provides advice for referrers of patients for x-ray examinations to the CT department at Hull University Teaching Hospitals NHS Trust.

Valid clinical indications are listed but are not exhaustive.

Referrers are also advised to access I refer through e learning for health.

(<http://www.e-lfh.org.uk/home>)

Or discuss with a Consultant Radiologist

PROCEDURES

History	Scan Request	Question needing to be answered
Mass on Chest Radiograph	Chest	? Lung Ca, for staging
Mass found at Bronchoscopy		? Lung Ca, for staging
Haemoptysis		? Lung Ca, for staging
Increasing SOB; Smoker		? Lung Ca, for staging
Known Ca lung		Follow Up ? Response to Chemo / Radiotherapy; ? Disease progression
Known Ca Lung - Increasing Sob / Pain		? Disease progression
Unresolving Pnuemonia (6 - 12weeks)		? Other disease process
Pleural Effusion		? Underlying pathology
Known Empyema		? Progression
Known Rectal Ca		? Lung Mets for staging
Known Ovarian Ca		? Lung Mets for staging
Known Bladder or Renal Ca		? Lung Mets for staging
Suspected diffuse / infiltrated lung disease		? Sarcoid
		? Bronchiectasis
	? Interstitial lung disease ?UIP	

CT IRMER Procedures

History	Scan Request	Question needing to be answered
Immunosuppressed Patient?: Cough, SOB, pyrexial.	Chest	? Fungal Chest Infection
Lung Nodule Follow Up		? Nodule growth – See BTS Guidelines, for timing and imaging protocol.
Rib Fractures, for surgical repair		Surgical Planning
Pectus deformity		
Lung reducing volume surgery		
Raised D Dimer and wells score	CTPA	? PE
History of COVID infection. Respiratory follow up	CTPA / Chest	For assessment of post COVID Lung changes as per BTS guidelines

PROCESS FOR MONITORING COMPLIANCE

Regular audit shall take place to ensure referrers are providing radiology with sufficient clinical history to justify CT examination. Results shall be presented to CTMT / RPA

REFERENCES

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

British Thoracic Society (2020) *British Thoracic Society Guidance on Respiratory Follow Up of Patients with a Clinico-Radiological Diagnosis of COVID-19 Pneumonia*. British Thoracic Society.