

# HULL UNIVERSITY HOSPITALS NHS TRUST

## Referral Criteria for Medical CT Radiation Exposures

### Body CT Chest, Abdominal and Pelvic Examinations

CHH & HRI

The Ionising Radiation (Medical Exposure) Regulations 2017

Document Control			
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<b>Document Managed by Title:</b>	CT Speciality Manager Radiation Protection Supervisor	<b>Date EIA Completed:</b>	August 2023
Consultation Process			
Advice, Guidance and agreement sought from:			
CT Management Team		Dr Binns / Dr Kennan Lead Body Radiologists	
Dr Wood – Radiation Protection advisor.		Dr Moore – Radiation Protection Advisor	
Mrs Cooper - CT Section Manager HRI.		Mrs Tomlinson - CT Section Manager CHH	
Mrs P Parker – Consultant Sonographer			
Key words (to aid intranet searching)			
Target Audience			
		Clinical Staff	
Managers	Nursing Staff		Medical Staff
Version Control			
Date	Version	Author	Revision description
21/08/2023	2	A Stephens	General review and Update

## 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
Recent Abdominal Surgery, pyrexial, high WCC	Abdomen and Pelvis	? Abdominal collection /abscess
Palpable Mass		? Nature
Diverticulitis		?abscess
At least two of the following, Weight Loss, Change in bowel habit, Abdominal Pain, vomiting, Palpable Mass, PR Bleed		? Malignancy, ?Diverticulitis
Prostate cancer / GIST		New cancer diagnosed for staging; Follow Up ? Response to Chemo / Radiotherapy; ? Disease progression
Recent GI Surgery		? Anastomotic Leak
Abdo Pain; Obstructive Symptoms		? Small or large bowel obstruction / subacute obstruction.
Abdominal Sepsis: Pyrexial		? Source of sepsis. ? Malignancy
Abdominal Pain. Poor renal function, Hydronephrosis		? Retroperitoneal fibrosis
Jaundiced - pain		Cause of obstruction not seen on U/S
Jaundiced – as the only symptom	CT Not indicated Patient requires U/S and referral to the jaundice clinic	

History	Scan Request	Question needing to be answered
Abdo Pain, raised tumor markers	Pancreas	? Pancreatic Ca
Jaundiced, Suspected Pancreatic Cancer, Over 60yrs of age.  <b>Patients under 60:</b> If there is reasonable concern but the patient is not acutely unwell then U/S is the appropriate initial examination.		? Pancreatic Ca
Known Ca Pancreas increasing symptoms		? Recurrence
Abdo pain increasing amylase		? Pancreatitis
Known Ca Pancreas		Follow Up ? Response to Chemo / Radiotherapy; ? Disease progression
Known Pancreatitis		? Necrosis
Adrenal Mass on U/S	Adrenals	? Nature of mass
As indications for Protocol E, contrast contraindicated	Abdomen and Pelvis	As indications for Protocol E, contrast contraindicated
Renal Symptoms	Kidneys / Urogram / Urinary tract	See separate Urology referral guidelines – Appendix I

<b>History</b>	<b>Scan Request</b>	<b>Question needing to be answered</b>
Newly Diagnosed Primary Cancer. (Breast, Testicular, Sarcoma, Unknown origin, Oesophageal, Melanoma, Prostate, Colorectal, (Rectal Ca: Send for MRI Abdo Pelvis staging and non contrast CT Chest, unless MR is contraindicated)	Chest/Abdomen and Pelvis	New cancer diagnosed for staging
Known Malignancy. Follow Up Breast, Bladder, Lung, Testicular, Sarcoma, Unknown origin, Oesophageal, Melanoma, Pancreas, Prostate, Colorectal,		Follow Up ? Response to Chemo / Radiotherapy; ? Disease progression
Palpable mass or node or previous positive imaging or cancer		Exclude malignancy
?oesophageal Ca, dysphagia, weight loss		? Malignancy for staging
Optical symptoms		? Myasthenia Gravis
Weight loss and Foregut pain, Nausea, Vomiting, Anorexia or early satiety.		Exclude malignancy
Weight loss and change of bowel habit Aged over 85yrs		
Known Malignancy: Renal, Neuro Endocrine, Carcinoid		Follow Up ? Response to Chemo / Radiotherapy; ? Disease progression
Renal Colic	KUB	? renal stones
Known Stone former, increased pain.		
Renal Mass seen on U/S	Kidneys	? Nature of mass

History	Scan Request	
Weight Loss Only	Chest/Abdomen and Pelvis	? Malignancy  CT not indicated – Please request U/S and CXR
Anaemia Only		? Malignancy  CT not indicated – Follow anaemia pathway
Requests for Chest / Abdo /pelvis as above but Contrast contraindicated		

## PROCESS FOR MONITORING COMPLIANCE

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

## REFERENCES

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

## APPENDIX I

### OP Urology Referrals for CT Imaging

