

# **EMERGENCY CT PROTOCOL**

**IV Access required as indicated** – must 20 g or larger and must include pressure rated extension set

# \*\*\*NOT FOR PEDIATRIC USE (<18 years)\*\*\*

NOT FOR PEDIATRIC USE (>10 years)	
HEAD	CHEST
HEAD/C- HEAD/C+ Requires IV	☐ Pulmonary Embolism CHEST/PE/C+ Requires IV ☐ Other (
<ul><li>□ Bleed</li><li>□ Abscess</li><li>□ Brain Tumor/Mets</li><li>□ TIA/Stroke (non-acute)</li><li>□ Seizures</li></ul>	CHEST/ABDOMEN Requires IV
<ul><li>☐ Headache</li><li>☐ Hydrocephalus</li><li>☐ Seizure</li></ul>	ANGIO ROUTINE ANGIO/CHEST/ABD/C-/C+ CHEST/ABD/C+
HEAD AND CAROTID ANGIO C+ Requires IV	□ R/O Thoracic Aneurysm □ Other □ R/O Dissection ()
HOT STROKE – Multiphase Includes C- Head and Multi Angio Phases of Carotids and Circle of Willis  ROUTINE ANGIO/HEAD/NECK/C-/C+ Includes C- Head, Angio of Carotids and Circle of Willis	ABDOMEN/PELVIS C-  ☐ Renal Colic ABD/PELVIS/RENAL/COLIC/C- ☐ Other () ABD/PELVIS/C-
**USE HOT STROKE	ABDOMINAL AAA C+ Requires IV
	□ AAA AAA/C+
FACIAL BONES C-	ABDOMEN/PELVIS C+ ABD/PELVIS/C+
☐ Fracture FACIAL/BONES/C-	
SOFT TISSUE NECK C+ Requires IV  Neck Mass/Abscess S/T/NECK/C+	□ ABD pain NYD □ Ischemic Bowel □ Bowel Obstruction
SPINE specify levels  □ C/Spine/C- □ T/Spine/C- □ L/Spine/C-	<ul> <li>☐ Mass/Abscess</li> <li>☐ Free Air/Free Fluid</li> <li>☐ Pancreatitis</li> <li>☐ Direction lities</li> </ul>
□ Disc         □ Disc (	<ul><li>☐ Diverticulitis</li><li>☐ Appendicitis</li></ul>
Other protocol (as d/w Radiologist)	*Oral water prep (SITE DEPENDANT) – 1 litre of water within the hour prior to scan (if possible)
i.e. Pelvis/Hip, Sinuses, Extremity	Trauma
	Requires IV
RENAL FUNCTION  CREATININE eGFR  CLINICAL HISTORY (MANDATORY)	☐ HEAD / C-Spine C-☐ Chest / Abdo / Pelvis C+☐ Chest C+☐ Chest C+☐ Abdomen / Pelvis C+☐ CTA Neck / Carotids C+ (vessel injury)☐ Other ()
	Ordering Physician (print clearly)  Signature
	Signature

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#### Guide for Use:

#### PROCEDURE DURING REGULAR WORK WEEK HOURS

- 1. Responsibility of the Physician:
  - Completes the EMERGENCY CT PROTOCOL document. Please note a short, pertinent and legible history is required for the Technologist to expedite the request.
  - Orders the placement of an adequate 18G or 20G pressure rated IV access if the CT exam is required with contrast.
  - Orders Creatinine and GFR on all patients who are having a contrast enhanced exam.
  - Attaches the completed EMERGENCY CT PROTOCOL document to the patient's chart and instructs the unit clerk to order enter the exam into Meditech.

## 2. Responsibilities of the Unit Clerk:

- Enters the checked exam into Meditech (OE). Please note History must be entered as written by the ordering Physician. Accurate and detailed history assists the technologists to prioritize the exam.
- Faxes the EMERGENCY CT PROTOCOL document to the CT Department site dependant.
- Attaches the EMERGENCY CT PROTOCOL document on the front of the patient's chart. This form must accompany the
  patient to CT.

### 3. Responsibilities of the Technologist:

- Reviews exams under Scheduled Studies in PACS and checks the patient's history under Information.
- Calls for the patient.
- Performs the appropriate exam.
- Scans the EMERGENCY CT PROTOCOL document into PACS after completing the Technologists' comments field.
- Technologist charts that scan is completed site dependent



For any CT exam not listed on this **EMERGENCY CT PROTOCOL document**, the referring Physician must discuss the request with the on call Radiologist for approval. This includes any exams ordered for patients under the age of 18.

### **PROCEDURE AFTER HOURS** – SITE DEPENDENT

If the on call Radiologist is **not on site** after hours and only reads emergency exams, the referring Physician must contact the on call Radiologist as per usual procedure.