

## Policies and procedures for handling added “repeat” images Revised July 2021

Added images are defined as images obtained by re-imaging a patient after the initial set of images are obtained. This is most likely because a Radiologist or Technologist deemed it necessary.

The decision whether to place these images under the original or new accession number should be guided by the following principles. These principles are intended to ensure all acquired images are made available to the Radiologist for interpretation as efficiently and quickly as possible as well as ensure billing is correct.

It is expected that personnel will apply reasonable discretion in their application of these guidelines. The technologist and the Radiologist must stay in constant communication about added images due to preliminary findings may be given to the referring service prior to exam completion or generation of added images.

\*\*\*If a Radiologist request additional images after the patient has been removed from the exam table, and/or if the patient has returned to their room, the technologist must obtain clear direction from the Radiologist.\*\*\*

### **When to use the original accession number:**

1. If the original exam has not been completed in Cerner. The technologist should put the additional images under the same accession.

**Example:**

A patient has a CT Abdomen and Pelvis w/o contrast, but the entire pelvis was not scanned. When this happens, the technologist should place the additional images under the same/original accession number.

2. If the interpreting Radiologist request added images prior to final report. The technologist would get the patient back into the department and put the additional images under the same accession.

**Example:**

A patient has an MR Abdomen and the interpreting Radiologist request additional delayed axial images through the abdomen before finalizing report. When this happens, the technologist should place the additional images under the same/original accession number.

### **When to use a different accession number:**

1. If the original exam is completed in Cerner and has a finalized report.

**Example:**

A patient has a CT Head and the exam was completed in Cerner. The Technologist realized in the special instructions it stated with Stealth and had to reimage patient. However, the original exam had a final report. The technologist should get the ordering provider to place another order and place the new images under that order.

## 2. Repositioning of a tube or catheter

### **Example:**

A patient has an abdomen supine x-ray for tube placement. The image is immediately reviewed by one of the physicians, who notices that a tube requires repositioning. The physician wants to reposition and repeat the image. The technologist should get the ordering provider to place another order and place the new images under that order.

*\*\* Please note: After 3 failed attempts of repositioning the tube or catheter followed by consecutive radiographs, bedside fluoroscopy imaging using the c-arm will be recommended. The c-arm fluoroscopy will allow the reduction of radiation exposure, live imaging for clinicians, and removes the uncomfortable grid from underneath the patient.*

## **Added images that require additional contrast:**

1. Follow the below guidelines if the Radiologist request additional images that require additional contrast.
  - If the exam is not finalized, the new images should be added to the same accession.
  - If the exam has been or will be finalized before the additional contrast images are available, a new accession should be place.
2. The Technologist should ask the Radiologist the following questions before proceeding with the repeat images.
  - What series would you like repeated?
  - What dose of contrast to use?
  - Repeat the information back to the Radiologist to confirm what the Radiologist stated.

### **Example:**

A patient has a CTA Head exam. During the CTA series, the patient moved causing motion artifact on the exam. The Radiologist recommended repeating the CTA series only.

*\*\*It's imperative to document the complete request in primordial: Radiologist, contrast amount, specific series. Example: "Repeat CTA series only with 80 ml IV contrast due to motion per Dr. Thomas."*

## **Added images that require additional contrast after an infiltration/extravasation**

1. If immediate IV access is obtained, follow the above guidelines for "Added images that require additional contrast."
2. If immediate IV access can't be obtained, discuss with the Radiologist and ordering clinician to determine if exam can be done without IV contrast. If not, complete the order and notify the ordering clinician to place a new order once IV has been obtained.

## **When to consult the Radiologist:**

1. If the original exam has been completed in Cerner but there is no finalized report, and the Radiologist has requested additional images.
2. If the original exam has been completed in Cerner but there is no finalized report, and the technologist feels additional images are needed.