

# **Radiology Policy**

Title:	Title: Orthopedic Exams of Patients with Acute Fractures							
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Endorsed:	Matthew Larrison	2/1/22	Endorsed:			Pages 1 of	2	
	Matthew Larrison, MD Vice Chair	Date		N/A	Date	Written Reviewed	11/11/09	
	Quality Control and Patient S	afety				Revised Issued	04/11/19 2/10/22	
Approved:	Mason Frazier	2/10/22	Approved:					
	Mason Frazier, MD Executive Medical Director of Radiology	Date		N/A	Date			
						Discontinued	:	

**PURPOSE:** To establish guidelines for radiologic technologists to obtain radiographs of trauma patients with acute fractures.

**SCOPE:** This policy applies to all of UAB Medicine Clinical Facilities as defined by the UAB Hospital Medical Staff Bylaws.

**POLICY STATEMENT:** It is our belief that patients receiving radiology exams and procedures shall receive the highest quality medical and technical services possible with minimum risk and injury to the patient.

### ASSOCIATED INFORMATION

A. **Background Information**: When receiving the request for a radiographic exam of an acutely injured patient from the clinical provider, the radiologic technologist shall review the written request to verify the exam to be performed and any" special instructions" or "order comments" of the request.

#### POLICY:

- A. The radiologic technologist shall not rotate an injured extremity unless specifically indicated under the "special instructions" or "order comments" of the request.
- B. The radiologic technologist shall not remove an external immobilization device for patients with immobilized fractures unless specifically indicated under the "special instructions" or "order comments" of the request.
- C. The radiologic technologist shall first acquire an AP view radiograph without moving the extremity for patients with suspected proximal and mid-shaft fractures of the shoulder, humerus, or hip.
  - 1. The radiologic technologist shall use positioning devices and proper angulations of the x-ray tube for optimal imaging when possible.
- B. The radiologic technologist shall page the orthopedic physician or primary responsible clinical team member regarding patients with extremities in traction to either remove the traction or maneuver the fractured extremity if more than an AP view is requested.
  - 1. The radiologic technologist shall maneuver the extremity, and perform the requested exam once the traction has been removed and the referring physician has indicated the views requested under "special instructions" on the request form.
  - 2. If the radiologic technologist, performing the exam, deems the exam to be too uncomfortable and/or unsafe for the patient, then, the technologist will immediately notify their supervisor. The supervisor will determine if the exam can be performed safely or if the ordering physician should be paged.

- C. The radiologic technologist shall perform flexion and extension views of the cervical spine only if the patient can move their head without assistance and can stand or sit for the lateral views.
  - 1. It is the responsibility of the referring physician to remove the collar and determine if the patient is clinically stable prior to sending the patient for the radiographic exam.
  - 2. A physician or designated member of the clinical team will accompany the patient if the patient cannot move their head without assistance, unable, or unwilling to stand or sit for the lateral views.

# D. FOR CT IMAGING:

- 1. The CT Technologist will not remove any orthopedic immobilization devices from the patient without approval from the ordering physician or primary responsible member of the clinical team. The name of the physician or clinical team approving removal will be entered into the tech comments.
- 2. CT Technologists will not rotate any joint immobilized by splint or external devices without authorization from orthopedic physician or primary clinical team member.
- 3. CT Technologists will page orthopedic physician regarding patients in traction to remove traction and/or reposition an injured extremity.
- 4. CT Technologists will not manipulate the cervical spine for an exam; however, true axial images must be obtained.

REFERENCES: None						
CMS:	TJCH:					
Cross-References (CR):						
ATTACHMENTS: None						

#### INTERDISCIPLINARY COLLABORATION

None	
Physician / Medical Committees	Endorsement Date
None	
Committee(s)/Council(s)	Endorsement Date
None	
Hospital Department(s)	Endorsement Date

## Tracking Record

Supersedes: Orthopedic Exams of Patients with Acute Fractures R#24 07/05/10, 02/04/13, 05/04/15,4/25/19			
File Name:	Orthopedic Exams of Patients with Acute Fractures R#24r4		
REVISIONS: Consistent with The Joint Commission Standards, this policy is to be reviewed at least every 3 years as practice change			