

**DEPARTMENT OF RADIOLOGY AND BIOMEDICAL IMAGING STANDARD OPERATING PROCEDURES**

|                            |                                                                                                                                      |                           |           |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------|
| <b>Administrative SOP:</b> | Critical out-patient imaging findings identified at time of imaging- Recommendations for a patient in need of immediate medical care |                           |           |
| <b>Reviewed:</b>           | <b>All Yale Radiology Division Chiefs</b>                                                                                            | <b>Revised / Reviewed</b> | July 2024 |
| <b>Approved By:</b>        | <b>David Facchini, Director. Dr. Jay Pahade, Vice Chair Quality and Safety</b>                                                       |                           |           |

1. If the patient has left the department, use critical test result communication.
2. If the patient is still in the department, the radiologist and technologist discuss case. Patient waits with technologist. Radiologist reviews case and attempts to contact ordering (or covering) provider. If patient unstable 155 (adult or pediatric medical emergency) or 911 can be called.
3. Patients’ immediate management discussed with ordering (or covering provider). Options might be ED transfer, assessment at out-pt clinic or discharge home with medical follow up.
4. If patient needs to go to ED (including when there is a finding that likely warrants immediate attention and the ordering provider team cannot be contacted) they can be transferred by staff (if ED is onsite), by ambulance, or transport themselves. That decision should be based on patient ability and clinical status.
  - a. The radiologist should call ED triage contact (numbers below) and give verbal sign out to RN or covering provider that we are transferring out-patient from Radiology to the ED.
    - i. Radiologists can write a note in chart OR
    - ii. Make sure the radiology report is viewable in Epic which should explain ED transfer in impression
  - b. A radiologist should talk to the patient in person or via phone (whenever feasible) and explain
    - i. Why they need to go to ED
    - ii. If ordering provider was able to be reached or not
    - iii. Technologists can assist in patient communication as well when needed
  - c. At facilities where an ED is present Radiology RN or technologist will transfer (or arrange transfer) to ED check-in where care is handed off to ED team
  - d. At off-site locations with no ED, the technologist or radiology RN would call 911 when directed to arrange for ambulance transfer
5. Technologists must complete the case, i.e. end the exam before the patient leaves the department.

**ED CONTACT NUMBERS**

- \*SRC triage: **789 6001**
- \*York Street Adult triage: **688 4496**, 2<sup>nd</sup> line = Charge Nurse **688 6786**
- \*York Street Peds triage: **688 3333**
- \*Shoreline triage: **453 7123**
- \*Bridgeport main campus triage: **384-3566**
- \*Milford triage: **301-1100**