

SOP for Radiology Referrals

- Kindly ensure that no patient or attendant or hospital staff will enter the Radiology station without a mask (masks to be provided by the respective referring department).
- No attendant to be allowed inside except for sick patients
- **No CT will be done for COVID screening** (This is because the CT machine is currently catering to Ward patients, Emergency patients, and trauma patients. If COVID suspect CT is done then CT facility needs to be closed for at least 4 hours for proper disinfection which is not feasible, Also CT screening is not recommended because Negative Predictive Value is low)
- In case of any patient of severe acute respiratory infection (SARI), kindly indicate the COVID test report before any radiological investigation (except CXR)
- **All radiology requisitions (including emergency, ward and Trauma cases) need a specification of the COVID status of the patient in the enclosed format. Please fill this form diligently and send this form in addition to regular radiology requisition form.**
- Radiographs for COVID suspects will be done only at 2 places in main hospital: One in Casualty Radiography Room designated for COVID suspects and another portable radiography unit in C-6 ward.
- Please ensure that the requisition forms are not handled with contaminated gloves, or contaminated with blood, bodily fluids or any infective material. (Preferably Radiology requisition forms should be filled by the person who has not come in contact with the patient)
- Any patient where COVID infection is one of the possibilities on chest radiograph, should undergo any further radiological investigation only if swab test has come out negative. If positive then further radiology, if indicated will be done in TC.
- In concordance with pathology department protocols, For image-guided FNACs, referring department to provide level 2/3 PPE kits with face shield for 1 radiologist and 1 pathologist. Since this is an aerosol-generating procedure, thus Ultrasound room needs to be closed to be disinfected and ventilated after any such procedure. Thus such procedures should be kept to a minimum.

Kindly ensure that the above instructions are followed for the duration of Covid-19 pandemic

Thank you for your cooperation in these unprecedented times

FORMAT TO BE FILLED FOR ALL RADIOLOGY REQUISITIONS

Patient Details: Name, Age/ Sex. Unit, UHID, Bed No.

Investigation Required:

Clinical details:

RFTs (If contrast enhanced):

History of allergy:

Please tick one of the following

1. Patient is COVID-19 test positive:
2. Patient is clinically suspected to have COVID-19 infection (based on symptoms / exposure history / from hotspot)
3. Patient is not COVID -19 suspect

Certified by:

Faculty In-charge Name:

Signature (SR/ Faculty)

Name

Department:

Date & Time: