

## EMERGENCY RADIOLOGY ORIENTATION

Welcome to the Emergency Radiology (ER) rotation. The Emergency Radiology rotation is a fast paced and high-volume rotation integrated within the responsibilities of Swing Shift, Night Float, and Internal Moonlighting. Our division aims to support the care of Emergency Department patients and contribute to the teaching and growth of our residents. We are excited to work with you! Details and expectations pertaining to the rotation are outlined below.

### The Hours

- Hours currently staffed by ER faculty are 4 PM – 1 AM daily (including weekends and holidays). Outlined details and expectations pertain to hours staffed by the ER division.
- For the hours of resident call not staffed by the ER division, residents should follow guidelines pertaining to call expectations by each pertinent division (i.e.: peds for pediatric patients, neuro for brain MRI, etc.).

### The Work

#### *Preparation*

- Please add "Patient Type" column to your worklist during Swing Shifts, Night Float, and Internal Moonlighting Shifts. The ED faculty will read STAT studies labeled as "E" and "O" in the Patient Type column. Additional details and exceptions are described in *Details* section.
- We highly recommend adding the ED worklist to FAVORITES. This is as an easy way to check whether a study will belong to ED faculty.
- During the hours of ER radiology faculty coverage, please assign ER attending radiologist on duty to your drafts

#### *Details*

- STAT Studies labeled as "E"
  - Emergency Room patients
  - Locations are UNC Main, Hillsborough, Chatham, and Blue Ridge
  - Blue Ridge coverage is 7 PM-12 AM
- STAT Studies labeled as "O"
  - Generally refers to urgent care patients and will be final read by emergency faculty
  - Exceptions exist when clinic patients receive this designation
  - When in doubt check ED worklist list. If study not present, the study should be read as PRELIMINARY.
- STAT Studies labeled as "I"
  - Refers to Inpatients

- Default is PRELIMINARY report by the resident
- Exceptions occur (i.e - study is performed and/or previewed by attending radiologists while patient is still an ED patient)
- ED radiologist on duty will notify resident if they wish for the study to be drafted to them

-STAT – all other labels

- i.e “A” which is sometimes seen for OB patients
- Rare occurrence and case-by-case
- Ask ED radiologist what to do in these cases

-Other Exceptions

- Neuro MRI and Peds Neuro – read by DeFreitas and Nazarian, not read by Pietryga
- All other peds – NOT read by ER staff -- refer to peds division guidelines
- All other MRI – generally NOT read by ER staff -- refer to pertinent division guidelines
- Nucs -- NOT read by ER staff -- refer to nucs division guidelines
- Breast US – NOT read by ER staff -- refer to breast division guidelines

-Outside Interpretation

- Radiographs --> should be made comparison only
- US --> should not be submitted for interpretation
  - Exception is Mammo and will not be read by ED faculty
- All other studies falling within criteria of modalities and specialties described above
  - Can be made “comparison only” IF the same anatomy and modality will be re-scanned
  - Final reads will be provided if patient is ER patient and outside report is available
  - If report not available, next steps are at the discretion of ER radiology attending on duty

-When in doubt

- Ask the ER attending
- Check STAT studies populating to the Sectra ER work list

The Workflow

-DRAFT to ER attending on staff – this is the default for ED / urgent care STAT studies that fulfill the criteria above and are completed between the hours of 4 pm – 1 am (time stamp on Powerscribe). Please alert the attending to any studies with critical findings so they can be reviewed and finalized promptly.

-Exceptions may arise and are at the discretion of the ER attending on staff. For example, the ER attending may request that a resident PRELIM a study or may inform the resident whether they plan to read an ER study that is expedite or routine.

-When an ER attendings states that they will not be reading a study, please follow after-hour guidelines pertinent to the division that would be responsible for the study during typical day-time coverage.

#### Expectations pertaining to Study Interpretation

1. Utilize ER division templates for adult trauma.
2. Be conscious of <1 hour turn-around time for STAT studies from ED.
3. Take ownership of the list! The emergency radiology faculty will frequently read studies independently to aid residents and support the pace and expectations of emergency patient care. However, it is expected that residents maintain awareness of the worklist and make efforts to maximize their contribution to the extent that is possible without compromising the quality of their work.
4. For busy periods during hours staffed by the ER division, we recommend prioritizing reading ER cross-sectional studies rather than radiographs. These studies are more likely to directly affect patient care. Additionally, this workflow yields the most learning opportunities for the residents and enhances efficiency (as ER faculty can quickly decompress plain film volumes independently).

#### Expectations pertaining to general workflow

1. Communicate actionable and/or unexpected findings directly with Emergency Medicine providers. When in doubt regarding whether something warrants a phone call, ask the emergency radiology attending.
2. Answer phone calls promptly and politely.
3. Protocol studies covered promptly.
4. Triage outside interpretation requests by investigating context, urgency, and availability of prior report. Together with emergency radiology attending, decision can be made on how to proceed (as above).
5. Respond to contrast reactions, extravasations, and request for direct patient care in radiology department (rapid response, codes, etc.) when prompted.
6. Review informed consent with OB radiology patients when prompted by technologists.
7. Promptly assist visiting teams by reviewing studies and answering questions.
8. Review all images provided by the sonographer and ask for clarification or additional images as needed.
9. When in doubt, ask for help.