**Referral to Interventional Radiology**

# Purpose

* The purpose of this document is to provide clear guidelines for the referral of a patient to Interventional Radiology for a requested procedure.

# Scope / Target Staff:

* Those referring to Radiology for Interventional Radiology Procedures; Consultants, Registrars, Consultant Radiologists, Nurses, RDA

# Process:

1. **Request on Review**

Referrer to complete the referral order request on Review

1. **Contact Interventional Radiology department (for Inpatients ONLY)**

Interventional Radiology nurses can be contacted:

* on extension 2857/4830 Monday -Friday 08:00-16:00
* email: sft.interventionalradiologynurses@nhs.net

Interventional Radiology Consultants are onsite Tuesdays and Thursdays

When not onsite can be contacted:

* UHD Interventional Radiology Co-ordinator

 0300 019 4419

1. **Vetting process**

The Review request will automatically appear on CRIS under Orders.

The Interventional Radiology nurses will manually select the order and refer to sft.interventaionlradiology within CRIS.

The Interventional Radiology consultant can view these requests on the ‘vetting list’ and therefore can vet the request indicating whether they think the procedure is appropriate and if so, the patient preparation required.

If proceeding the Interventional Radiology nurses can then book the procedure either as an outpatient or inpatient.

1. **Booking Process**

Outpatients are booked onto the morning lists by the Interventional Radiology nurses, if patient requires inpatient bed then ward (Chilmark or Downton) need to be contacted and discussed.

Inpatients are usually booked onto the afternoon list

Precedence of inpatient booking, according to clinical need, is decided between Interventional Radiology consultant and the referring team.

1. **Communication**

It is expected that all communication between Radiology staff and Interventional Radiology Referrers will be in keeping with the Salisbury Values:

* **Person Centred & Safe** - Our focus is on delivering high quality, safe and person focussed care through teamwork and continuous improvement.
* **Professional** - We will be open and honest, efficient and act as role models for our teams and our communities.
* **Responsive** We will be action oriented, and respond positively to feedback.
* **Friendly** - We will be welcoming to all, treat people with respect and dignity and value others as individuals.
* **Progressive** - We will constantly seek to improve and transform the way we work, to ensure that our services respond to the changing needs of our communities.

**From clinical identification of need to procedure:**

Referring Team Require Interventional Procedure for Patient

Inpatient

Outpatient

Request to be put onto Review.

* If you cannot find the appropriate procedure, please call 2857 or 4830 as the IR nurses can direct you to the appropriate place. It is important that it is coded correctly as there are prompts for certain procedures and/or it may delay the vetting process if the clinical information is contradictory to the coding.
* For Example: Liver and Kidney Biopsies require: G+S, INR, UEC, FBC and a completed Pathway.
* The referring team is responsible for ensuring patients anti-coagulation medication is appropriately suspended for this procedure.

Some Procedures require patient to be admitted to an IP for overnight bed following procedure. The wards we use are Chilmark and Downton. They require discussion with the ward. BED IS DEPENDENT ON BED STATUS OF HOSPITAL ON DAY OF PROCEDURE.

Patient appropriately prepped for procedure:

* Medication
* Bloods
* Patient notes

Patient will be recovered in Radiology dependent on procedure and then discharged from us.

FAILURE TO COMPLETE Patient preparation requirements may result in the procedure being delayed or cancelled

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Patient appropriately prepped for procedure:

* IR checklist
* Bloods
* Drug Chart / medication
* Patient notes

Patient will be recovered in Radiology dependent on procedure and then returned to ward with handover

IR nurse calls ward to book and pre-assess for procedure. This will include but is not limited to:

* Physically able to lie still for procedure and recovery
* Checking Medications/PMH/allergies - particularly anticoagulation
* Informing patient of need for NBM
* Arranging for patient to have a blood test

Request to be put onto Review.

* If you cannot find the appropriate procedure, please call 2857 or 4830 as the IR nurses can direct you to the appropriate place. It is important that it is coded correctly as there are prompts for certain procedures and/or it may delay the vetting process if the clinical information is contradictory to the coding.
* For Example: Liver and Kidney Biopsies require: G+S, INR, UEC, FBC and a completed Pathway.
* The referring team is responsible for ensuring patients anti-coagulation medication is appropriately suspended for this procedure.
* Please inform the IR nurses of this request

Referring Dr or one of the team to come and discuss IP requirement with IR consultant on the morning of the procedure. The IR consultant can be found in the office next to Radiology Reception. If they are not there, they may be in the procedure room. Please come and see the IR nurses

IR nurse calls patient to book and pre-assess for procedure. This will include but is not limited to:

* Ensuring availability of responsible adult to collect and be present for 24hrs following procedure
* Physically able to lie still for procedure and recovery
* Checking Medications/PMH/allergies – particularly anticoagulation
* Informing patient of need for NBM
* Arranging for patient to have a blood test/ensuring appropriate requests have been made. We can request INR/FBC/UEC but not G+S

# Document History/Review

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| **Consultation Process** |
| Radiology Nursing Team, UHD IR Consultants, Radiology Operational Manager, Lead Fluoroscopy Radiographer |

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| **Relevant Legislation** |
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