

Trauma Radiology Guideline

Purpose:

This guideline outlines imaging access, response times, consult protocols, and quality review standards to support efficient imaging and interpretation for trauma patients, in accordance with Level I trauma center requirements.

Radiologist Availability and Interpretation Access

- **Radiologist Access and Availability:**
 - A radiologist must have access to patient images and be available for interpretation within **30 minutes** of a request, either in person or via phone, to support real-time decision-making.
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Imaging Modality Availability and Timelines

In accordance with trauma center standards, the following imaging services must be available continuously, with specific access times as outlined below:

- 1. Conventional Radiography (X-Ray):**
 - **Availability:** Immediately available in the trauma bay within **15 minutes** for all trauma activations.
- 2. Computed Tomography (CT):**
 - **Availability:** Held for all trauma activations and accessible within **15 minutes** for urgent cases based on trauma team discretion.
- 3. Point-of-Care Ultrasound (FAST Exam):**
 - **Availability:** Accessible within **15 minutes** and utilized as part of the initial trauma assessment
- 4. Interventional Radiology (IR):**
 - **Availability:** **Emergent** access, with procedures for hemorrhage control starting within **60 minutes** of a request.
- 5. Magnetic Resonance Imaging (MRI):**
 - **Availability:** Accessible within **2 hours** for emergent cases.

6. Radiology Reads and Interpretations:

- **Routine Read:** Completed within **12 hours** for all imaging.
- **Emergent Read:** Available within **30 minutes** upon request by a trauma attending, Emergency Department, or radiology resident for urgent cases.

Radiographic Imaging Access for Transferred Patients

Our trauma center ensures that radiographic imaging from referring hospitals is available for trauma evaluation through the following methods:

1. Electronic Transmission:

- Compatible imaging software allows direct electronic transmission into our secure PACS system, providing immediate access to trauma team healthcare providers.

2. Physical Transfer:

- If electronic transmission is unavailable, referring hospitals are required to send a compact disc (CD) containing the images and associated reports with the patient. This process is integrated into the patient transfer workflow.

Protocol for Re-Review of Outside Facility Imaging

• Provider Requests for Re-Review:

- **Eligibility:** Any provider can request a re-review of imaging conducted at outside facilities or at Westchester Medical Center (WMC).
- **Process:** Request via radiology consultation with **STAT or Urgent** designation based on clinical necessity.

Communication and Quality Review for Amended Interpretations/Overreads

1. Immediate Notification:

- **Who is Notified:** Ordering provider, covering trauma team, Trauma Medical Director, Trauma Program Manager, and Emergency Department Director.
- **Scope:** Immediate communication is initiated if amended interpretations or overreads indicate changes affecting patient management.