

Scenario: Upper GI exam with barium

RT/MD

A radiologic technologist (RT) prepares the contrast (barium), sets-up the fluoroscopy room, verifies the patient's identity, brings the patient into the room, and makes sure that the patient has not had any food or drink since midnight. The RT then explains how the equipment works and that an oral contrast media called barium will be administered. The RT alerts the radiologist when the patient and room are ready. When the radiologist arrives the RT helps the patient onto the table and gives him or her barium.

The radiologist introduces him/herself to the patient and verifies the patient's identity and interviews the patient to determine what signs and symptoms he or she is experiencing, and any other relevant information. The radiologist reviews the patient's requisition, written history, previous imaging studies, and any related lab tests and explains to the patient what is about to be done. The radiologist then verifies that the patient has followed the appropriate exam preparation.

With the patient in various positions the radiologist instructs the patient when to drink as he/she watches under fluoroscopy as the barium passes through the esophagus, GE junction, and into the stomach taking spot films during the examination. Once the stomach is full the patient is tested for reflux by instructing him or her in the Valsalva maneuver. If reflux is demonstrated documentation is obtained. The radiologist gives the patient follow up instructions.

When the radiologist is finished, the RT may take some additional radiographic images and then helps the patient off the table and checks with the radiologist before letting the patient go home. The radiologist interprets the examination and is responsible for the report for the medical record.

RT/RA

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The registered radiologist assistant (R.R.A.) reviews the patient's requisition, written history, previous imaging studies, and any related lab tests. He/she then introduces him/herself to the patient, verifying the patient's identity, and interviews the patient to determine what signs and symptoms he or she is experiencing, and any other relevant information. The R.R.A. then verifies that the patient has followed the appropriate exam preparation. At this point the R.R.A. will alert his/her supervising radiologist about the procedure, and any contraindication to performing the exam is discussed.

The R.R.A. then explains to the patient what is about to be done, and assists the patient onto the fluoroscopy table. With the patient in various positions the R.R.A. instructs the patient to start drinking as the R.R.A. watches under fluoroscopy as the barium passes through the esophagus, GE junction, and into the stomach. The R.R.A. documents the process with videography and /or spot films. The R.R.A. obtains prescribed images as directed by the supervising radiologist as well as images of any abnormalities. Once the stomach is full the patient is tested for reflux by instructing him or her in the Valsalva maneuver. If reflux is demonstrated documentation is obtained. The R.R.A. gives the patient follow-up instructions. The R.R.A. then discusses the patient's signs, symptoms, history, and images with his/her supervising radiologist. The supervising radiologist interprets the examination and is responsible for the report for the medical record.

Scenario: Lumbar Puncture

RT/MD

A radiologic technologist (RT) sets up the fluoroscopy room and prepares the sterile tray. The RT verifies the patient's identity, and brings him or her into the room.

The radiologist reviews the patient's requisition, written history, previous imaging studies (specifically spine), and any related lab tests (PT, PTT, INR, and platelet counts). The radiologist introduces his/herself to the patient, verifies the patient's identity, and interviews the patient to determine what signs and symptoms he or she is experiencing, and any other relevant information, such as headaches, back pain, surgical and allergy history. The radiologist explains the procedure.

The radiologist obtains informed consent and explains the procedure to the patient. The RT helps the patient onto the table and the radiologist covers the patient with sterile drapes, preps the needle site, and uses fluoroscopy to determine what area to insert the needle.

The radiologist administers a small amount of local anesthetic and then uses fluoroscopic guidance to insert the needle into the subarachnoid space. Once the radiologist has the needle in place the spinal fluid is withdrawn. If necessary the needle is repositioned until spinal fluid is obtained. An image for needle placement verification is obtained. The appearance of the CSF (cloudy, bloody, etc) is evaluated and documented. Opening pressure measurement is obtained and documented. Appropriate samples of CSF are obtained and the closing pressure is measured and documented prior to withdrawing the needle. The radiologist gives the patient post-procedure instructions, including activity limitations and possible complications; bleeding, infection, and spinal fluid leakage.

The RT labels the vials and sends them to the lab. When the exam is complete the RT helps the patient onto a cart and sends him or her to the recovery area to wait for discharge by the radiologist.

RT/RA

A radiologic technologist (RT) sets up the fluoroscopy room and prepares the sterile tray. The RT verifies the patient's identity, and brings him or her into the room.

The registered radiologist assistant (RRA) reviews the patient's requisition, written history, previous imaging studies (specifically spine), and any related lab tests (PT, PTT, INR, and

platelet counts). The R.R.A. introduces his/herself to the patient, verifies the patient's identity, and interviews the patient to determine what signs and symptoms he or she is experiencing, and any other relevant information, such as headaches, back pain, surgical and allergy history. The R.R.A. explains the procedure and participates in obtaining informed consent form to the patient. At this point the R.R.A. alerts his/her supervising radiologist about the procedure, and any contraindication to performing the procedure is discussed.

The R.R.A. covers the patient with sterile drapes, chooses and preps the needle site and uses fluoroscopy to evaluate the anatomy of the spine and what area to insert the needle site and marks it. The R.R.A. administers a small amount of local anesthetic and then uses fluoroscopic guidance to insert the needle into the subarachnoid space. Once the needle is in place, spinal fluid is withdrawn. An image for needle placement verification is obtained. The appearance of the CSF (cloudy, bloody, etc) is evaluated and documented. Opening pressure measurement is obtained and documented. Appropriate samples of CSF are obtained and the closing pressure is measured and documented prior to withdrawing the needle. The specimens are then labeled by the RT and sent them to the lab.

The R.R.A. gives the patient post-procedure instructions, including activity limitations and possible complications; bleeding, infection, and spinal fluid leakage. He/she helps the patient onto a cart and has them wait in the post-procedure recovery area. The R.R.A. discusses the procedure with his/her supervising radiologist who is responsible for the report for the medical record and interpretation of any images obtained. The R.R.A. then assists in the discharge of the patient.