Polar Policy

One of the priorities in the Emergency Room is to reduce the waiting time for a substantial proportion of patients, while continuing to provide a quality service. Early referral of a specific population of patients for x-ray procedures may be of benefit, in terms of speeding up diagnosis and treatment, including administration of analgesia.

Nursing and paramedical staff, who fulfill the requirements outlined in this policy and successfully complete the Learning Package, can request the specific x-ray procedures sanctioned by this Medical Directive.

General Guidelines:

- The diagnostic imaging procedures outlined in this Medical Directive may be ordered by nursing and paramedical staff:
  - with >1 year Emergency Department experience
  - who have successfully completed the CTAS/PTAS courses
  - who have successfully completed the appropriate Learning Package
- Prior to requesting an x-ray, a complete examination of the identified site of injury must be undertaken. If there is any doubt about the appropriateness of the intervention, the patient must not be referred for x-ray.
- The patient’s history, examination and reason(s) for x-ray referral must be clearly documented.
- If doubt persists after completing a thorough examination, triage staff must refer to the physician for further management.
- If the radiology technologist feels the x-ray request is inappropriate, they will review the request with the initiator of the x-ray.
- Triage referral for x-ray should not be undertaken if the patient requires immediate medical intervention. (i.e. pain management)
- Triage staff will not request any diagnostic imaging procedure:
  - For medico-legal reasons (i.e. assault)
  - On request/insistence by a patient/relative
• Only the Emergency Department Physician has the authority to call back a Radiology Technologist between 24:00 and 08:00

INCLUSION CRITERIA:

• Shoulder with obvious deformity
• Upper extremities
• Lower extremities (excluding femur)
• Neck of femur (hip) including one AP view of pelvis
• Foreign body (glass/metal)

EXCLUSION CRITERIA:

• Skull
• Vertebral column
• Chest
• Abdomen
• Pelvis
• Femur

INDICATIONS FOR TRIAGE REQUESTED X-RAY:

• History of injury
• Point tenderness on palpation of bone
• Deformity
• Loss of functionality in the limb or digit
• Crepitus
• Instability
• Inability to weight bear
• Suspected foreign body
• Positive confirmation using Ottawa ankle or Knee rules, as appropriate

CONTRAINDICATIONS FOR TRIAGE REQUESTED X-RAY:

• Lack of patient consent
• Patients with multiple injuries
• Patients with head injuries
• Patients with diminished sensation due to a neurological deficit
• History of a “pulling” mechanism of injury in children

CAUTIONS FOR TRIAGE REQUESTED X-RAY:

• Pregnancy: Document date of last monthly period on females of childbearing age; if suspicion of pregnancy, send urine sample for HCG.
PROCEDURE:

- Each intervention will be explained to the patient and/or family and verbal consent will be obtained. (The explanation must consist of the reason for the x-ray, general risks and benefits and include appropriate responses to questioning.)
- Establish baseline vital signs as per triage guidelines.
- Patient to remain NPO until examination with Emergency physician has been achieved.
- Establish history of trauma or significant injury, and document.
- Document date of last monthly period on females of childbearing age; if suspicion of pregnancy, send urine sample for HCG. X-ray should not be completed until HCG results available.
- Apply an ice pack or cold compress to injuries less than 12 hours old; splint/ immobilize and elevate, as indicated by site of injury.
- Check tetanus status in the presence of broken skin integrity.
- Note and document any lacerations, abrasions, edema, ecchymosis and/or deformity.
- Determine the range of motion, weight bearing ability and functions before and after the injury.
- Identify the area of tenderness by palpation, ensuring assessment of the joints above and below the area of described pain to discover any proximal or distal injuries.
- Assess and document the neurovascular status of the injured extremity, checking for the 6P’s:
  - Pulses
  - Pain
  - Pallor
  - Paresthesia
  - Paralysis
  - Polar (temperature)
- Assess the patient according to the Ottawa Ankle or Knee Rules as indicated by examination/site of injury.
- Complete documentation in triage notes and arrange for the x-ray order to be entered in Meditech.

MONITORING AND AUDIT:

A random chart review of 10 appropriate patients will be undertaken by the Medical Director for the Emergency Room or designate, for each staff member who has the authority to order x-rays. This will take place 3 months post successful completion of the educational package, and yearly thereafter, during the month of January. The yearly audit will comprise a medical review of all radiology requests made by nursing and paramedical staff from the ER during this month.

REFERENCES:


IWK Health Centre, Guidelines for triage Requested X-ray Procedures.


Colchester East Hants Health Authority Policy # 311-047 Triage Requested X-Ray

RELATED DOCUMENTS

Self Directed Learning Program for Triage Requested X-Ray Procedures

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