

**UAMS MEDICAL CENTER**  
**ACS SERVICES MANUAL**

**SUBJECT:** Communication of Critical Imaging Results Policy

**PAGE:** 1 of 3

**REVIEWED/UPDATED:** 9/23

**EFFECTIVE:** 9/21/2023

---

**RECOMMENDATION(S):** Dr. A. Privratsky

**APPROVAL:** 9/21/2023

**CONCURRENCE(S):** Dr. J. Eichhorn

---

**PURPOSE:**

To establish policy and procedure for alerting clinical staff of critically abnormal radiology findings.

**POLICY:**

All radiology tests will be interpreted and reported promptly – within 12 hours. In addition to routine reporting, radiologists will dictate a “Code Orange” dictation template into the patient’s radiology report and verbally alert the patient’s care providers by telephone of critical abdominal findings within 1 hour of interpretation.

**PROTOCOL:**

Any new radiology finding that may be considered life-threatening or could result in severe morbidity and require urgent or emergent clinical attention will be verbally communicated to the ordering practitioner.

The time that radiology identifies the critical abnormality, and the date and time the notification process began, will be documented in the radiology report. The practitioner's name receiving the verbal communication and the time the communication took place will also be documented. If the ordering clinician is unavailable, the clinician’s designee will be notified.

If the designee is not a physician, the radiologist communicating the finding will request that the clinician’s designee document the results in writing and read the findings back. The radiologist will document within the Code Orange dictation template that the designee has accurately read back the written findings in the report.

**EXAMPLES OF CRITICAL FINDINGS THAT REQUIRE VERBAL NOTIFICATION:**

- Pneumothorax, if unsuspected or under tension
- Pneumoperitoneum (non post-op)
- Leaking or ruptured aortic aneurysm
- Significant misplacement of tubes or catheters
- Unstable spinal fractures
- New intracranial hemorrhage
- Suggestion of vascular injury or bleeding
- Bowel ischemia, obstruction
- Abscess
- Unsuspected fracture
- Spinal cord compression
- Findings suspicious for TB or other infectious diseases

*\*\* This Guideline is consistent with the UAMS Imaging Service Line (ISL) Policy/Procedure RAD.MD.6.4*