



The Royal College of Radiologists

Emergency Imaging Audit -
Use of CT aortogram for suspected acute thoracic aortic dissection

Diagnosis of Thoracic Aortic Dissection in the emergency department. RCR and RCEM Nov 2021

Recommendations for accurate CT diagnosis of suspected acute aortic syndrome (AAS)—on behalf of the British Society of Cardiovascular Imaging (BSCI)/British Society of Cardiovascular CT (BSCCT) May 2016

In hours

* 1. Do you have an acute aortic dissection (AD) pathway in your department?

- Yes
 No

* 2. Do you have agreed protocols between ED and the radiology department for requesting of CT aortograms for AD during in-hours?

- Yes
 No

* 3. Who is the CT aortogram vetted by in-hours?

Please select all that apply.

- On-site radiology consultant/SpR
 On-site radiographer
 Off-site radiology consultant/SpR (in-house)
 Off-site radiology consultant (teleradiology)
 No vetting required
 Other (please specify)

* 4. Which of the following are included in your standard scanning protocol for suspected acute TAD during in-hours?

Please select all that apply.

- A non-contrast phase with ECG gating
 A non-contrast phase without ECG gating
 An arterial phase with ECG gating
 An arterial phase without ECG gating
 An additional phase to the above with ECG gating
 An additional phase to the above without ECG gating

* 5. If there are no ECG-gating facilities available in your department, can patients with suspected acute TAD be transferred to another centre for a gated CT aortogram during in-hours?

- Yes
- No
- N/A - gated CT aortogram available in our department

* 6. Which is the field of view included in your standard scanning protocol for suspected acute TAD during in-hours?

- Aortic arch and thoracic aorta only
- Entire aorta down to the pelvic bifurcation
- Other (please specify)

* 7. Does your department have a set timeframe for reporting CT aortograms for suspected acute TAD during in-hours?

- Yes
- No

If yes, please specify

* 8. On average how many CT aortograms for suspected acute TAD is performed in your department each month in-hours?

* 9. What is the approximate positive diagnostic rate for acute TAD (or another acute aortic pathology) detected on CT aortogram during in-hours?

* 10. Who provides the first report for CT aortograms for suspected acute AD during in hours?

Please select all that apply.

- On-site radiology consultant
- On-site radiology SpR
- Off-site radiology consultant/SpR (in-house)
- Off-site radiology consultant (teleradiology)

* 11. Is there formal documentation between reporting radiologist and referring clinician for discussion of findings?

- Yes
- No

Out-of-hours

* 12. Define out-of-hours in your department.

* 13. Do you have a acute aortic dissection (AD) pathway in your department out-of-hours?

- Yes >Q14
 No >Q24

* 14. Do you have agreed protocols between ED and the radiology department for requesting of CT aortograms for AD out-of-hours?

- Yes
 No

* 15. Who is the CT aortogram vetted by out-of-hours?

Please select all that apply.

- On-site radiology consultant/SpR
 On-site radiographer
 Off-site radiology consultant/SpR (in-house)
 Off-site radiology consultant (teleradiology)
 No vetting required
 Other (please specify)

* 16. Which of the following are included in your standard scanning protocol for suspected acute TAD during out-of-hours?

Please select all that apply.

- A non-contrast phase with ECG gating
 A non-contrast phase without ECG gating
 An arterial phase with ECG gating
 An arterial phase without ECG gating
 An additional phase to the above with ECG gating
 An additional phase to the above without ECG gating

* 17. If there are no ECG-gating facilities available in your department, can patients with suspected acute TAD be transferred to another centre for a gated CT aortogram during out-of-hours?

- Yes
 No
 N/A - gated CT aortogram available in our department

* 18. Which is the field of view included in your standard scanning protocol for suspected acute TAD during out-of-hours:

- Aortic arch and thoracic aorta only
- Entire aorta down to the pelvic bifurcation
- Other (please specify)

* 19. Does your department have a set timeframe for reporting CT aortograms for suspected acute TAD during out-of-hours?

- Yes
- No

If yes, please specify

* 20. On average how many CT aortograms for suspected acute TAD is performed in your department each month out-of-hours?

* 21. What is the approximate positive diagnostic rate for acute TAD (or another acute aortic pathology) detected on CT aortogram during out-of-hours?

* 22. Who provides the first report for CT aortograms for suspected acute AD during out-of-hours?

Please select all that apply.

- On-site radiology consultant
- On-site radiology SpR
- Off-site radiology consultant/SpR (in-house)
- Off-site radiology consultant (teleradiology)

* 23. Is there formal documentation between reporting radiologist and referring clinician for discussion of findings out-of-hours?

- Yes
- No

24. Textbox for clarification of answers/comments.

Thank you for completing the questionnaire.

All data will be held in accordance with the General Data Protection Regulation (2018). You can find out more about our data protection policy and procedures at <https://www.rcr.ac.uk/about-us/policies/data-protection-policy-and-procedures/>

