

Top Tips to Help Request Radiology Investigations

These tips are for all junior doctors to help them understand and make a good approach to requesting radiological investigations. Using these top tips to help you will help you learn more about the appropriate choice of investigation, seeking a valuable opinion from a radiologist and ultimately getting the best test that will help your patient.

My name is Dr Kapil Ojha and I am a GP registrar here in Swansea. I was also previously a radiology trainee and these tips are written having been on both sides of the fence.

1. Know your patients!

I know many of us as juniors end up running around during a ward round trying to write in the notes and urgently writing scan requests. However, you will inevitably miss out key details on the request card that any clinician or radiologist would like to know.

If you haven't met the patient or don't their history particularly well, go back after the ward round and read the notes and add key information to your request.

Remember the major cause of inappropriate exposure to ionizing radiation is incorrect use of addressograph labels – when using addressograph labels always double check the sticky label is identifying the correct patient.

With regards to MRI imaging requests, do fill out the safety form at the bottom and make sure you do check if a patient has a pacemaker or not.

There is also an opportunity to learn from your senior colleagues as to enquiring about the thinking process for requesting an investigation. In a nutshell, ask about the reasoning for an investigation (but do it in a nice way!)

If you do remain unsure, the other option is to bring the patient's notes down with you when you come to request imaging investigations. For yourself and a radiologist, the notes can be a life saver and can help you make an informed choice of the best test for the job.

I can say from experience, that knowing your patients will stand you a far better chance of getting the right imaging that will help your patient.

2. Ask a question

Think about this for one moment. Simply writing CT abdomen for abdominal pain in itself is a very non-descript request. Radiology just not about hunting for abnormalities on it's own. Frame the key part of your request as a question e.g. a 39 year old patient with RLQ pain radiating from umbilicus to RLQ. Is there evidence of appendicitis or appendiceal perforation?

Remember a good request is one which asks the right question – a good report will provide the appropriate answer to that question.

3. Remember, you are REQUESTING an investigation, not ORDERING an investigation

As a junior, you may have an idea as to what scan or radiological investigation may be useful for a diagnosis. However, you are seeking the opinion of a radiologist.

You would not order a surgeon to a cholecystectomy and nor would you order a rheumatologist to give DMARD's. It would be considered rude if you did do that. The same applies to a radiologist – seek their thoughts and opinions.

4. Structure your requests.

A good structure will help you and the radiologist. When you refer to another specialty, you include the patient's age, their presenting complaint, key history and important past medical history and examination findings as well as any blood test results or previous imaging in your letter.

Treat the radiology request in the same manner and you won't go too far wrong. Yes it is going to take longer, but you will also get a report that will go much further in answering your question. But again be concise!

5. You are not the only person requesting imaging in the hospital

Again think about this in the bigger picture. Every specialty right from A&E, Medicine, Surgery, GP etc. all generate imaging requests. A radiologist has to prioritise which investigations need to be done first.

You may feel your investigation is urgent but give some objective measurements. Looking at the patient at the end of the bed and looking at current observations (e.g. BP, heart rate) or an ABG (if really unwell) can give you and the radiologist an idea of how unwell a patient really is at that moment in time.

If you take the advice above and you have some proof that your patient is genuinely unwell, your request for imaging will get bumped up the list.

6. Generally include the eGFR and creatinine in the request card for any CT or interventional radiology investigation.

Patients with diminished renal function need special care and measures before they have contrast investigations. There is good evidence that individuals with an acute kidney injury or moderately staged chronic kidney disease could end up developing contrast-induced nephropathy i.e. you are going to knock off their kidneys by giving them iodinated contrast !

7. Don't get into arguments and always remain courteous.

As a junior doctor, don't get involved in deep arguments with a radiologist. It will only make matters worse for yourself.

By all means, make a reasonable case for requesting imaging. If you still feel that an imaging request is being denied unreasonably, state that you will ask your consultant to discuss the case directly with the radiologist concerned. A consultant-to-consultant discussion may change the outcome.

Being courteous regardless of the outcome will always be looked upon favourably in the long run when you come to request investigations in the future.

8. Finally, not all radiologists bite !

There are some radiologists, as there are with doctors in other specialities who are friendly and helpful and others who are less so.

You will always find helpful individuals who will steer you and guide you in getting the best investigation for your patient.

In summary:

- Know your patients!
- Ask a question, preferably the right question!
- Remember, you are REQUESTING an investigation, not ORDERING an investigation
- Structure your requests.
- You are not the only person requesting imaging in the hospital
- Generally include the eGFR and creatinine in the request card for any CT or interventional radiology investigation.
- Don't get into arguments and always remain courteous.
- Finally, not all radiologists bite !

I hope you find these top-tips helpful. Please don't feel that I am trying to be condescending in any way. Junior doctors do have it tough and a running around more than ever to look after their patients and get multiple tasks done in a short period of time.

The top-tips are essentially designed to make a life a little easier when it comes to requesting radiology investigations.