Diagnostic Radiology Referral

Have you "Paused & Checked"?

An IR(ME)R Referrers checklist for referring a patient for a diagnostic imaging examination

P	**Patient**	Ensure correct patient (3-point ID) Ensure it is physically possible for the patient to undergo the examination (e.g. any mobility issues) Ensure patient understands and agrees to examination
A	**Anatomy**	Ensure correct body part/laterality specified
U	**User Checks**	Confirm most appropriate investigation and consider non ionising radiation alternative (use of iRefer/local referral guidelines) Check previous investigations Confirm timing of examination (is date required clear?) Ensure pregnancy/breastfeeding status is verified Ensure any special needs/interpreter/disabilities/mobility documented (eg hoist required?) Ensure implantable cardiac defibrillator devices documented Ensure allergies documented and appropriate pathology results are available where requested
S	**System & Settings**	Confirm correct examination (code) requested Confirm correct imaging modality selection Confirm relevant clinical information is adequate to enable the Practitioner to justify the examination Confirm relevant clinical information will assist in the evaluation of the study
E	**End**	Confirm entitled Referrer against IR(ME)R procedures – eg unique identifier/correct user login Final check that this is the CORRECT patient Confirm the above and submit request
D	**Draw to a Close**	Ensure you have received an evaluation of the examination Ensure the results are discussed with the patient Confirm whether further investigation is required