2	Department of Health Government of Nunavut		NURSING POLICY, PROCEDURE AND PROTOCOLS Community Health Nursing		
Nuñavu				,	
TITLE:				SECTION:	POLICY NUMBER:
Follow-up of Basic Radiography Exams				Diagnostics	08-010-00
EFFECTIVE DATE:		REVIEW DUE:		REPLACES NUMBER:	NUMBER OF PAGES:
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APPLIES TO:					
Community Health Nurses, Supervisor of Community					
Health Programs, Public Health Nurses					

1. BACKGROUND:

Nurses working in community health centres are authorized to initiate basic radiography exams. X-rays provide valuable information to help differentiate a client's diagnosis; assess the clinical response to treatment; or rule out a potential diagnosis that would require further consultation out of the community. This policy provides:

- i. A standard process for treating chronic conditions that co-relate with radiological findings.
- ii. A standard procedure for treating presentations that co-relate with preliminary X-ray review while waiting for consultation.

2. POLICY:

- 2.1 Nurses who have the training, knowledge, skills, and ability may make a preliminary review of an X-ray and may initiate treatment according to Government of Nunavut Policies, Procedures, and Guidelines (PP&G) and/or First Nation Inuit Health Branch (FNIHB) guidelines.
- 2.2 All radiological studies undertaken for emergent or urgent presentations must be reviewed by a physician or a qualified nurse practitioner regardless of the nurse's preliminary review of the Xray.
- 2.3 X-rays for monitoring chronic conditions do not require immediate consultation unless there is clinical deterioration or failure to improve.
- 2.4 All radiological studies must additionally be forwarded to a radiologist for final review.
- 2.5 The final report received from radiologist must be reviewed by physician or qualified NP within a timely fashion.

3. PRINCIPLES:

- 3.1 It is the responsibility of the nurse to consult with a physician or qualified nurse practitioner (NP) for the review of all X-rays;
 - 3.1.1 Urgent and emergent presentations, consultation should occur once the patient is stabilized regardless of the nurse's preliminary review
 - 3.1.2 Chronic conditions, e.g., TB surveillance should occur in a timely manner, unless clinical suspicion warrants otherwise
- 3.2 It is the responsibility of the nurse to ensure that the x-ray studies are forwarded to a radiologist in a timely manner and a radiologist must make a final interpretation of the X-ray.
- 3.3 It is the responsibility of the nurse who initiated the x-ray or delegate to consult or follow up with a physician or nurse practitioner with the final X-ray report.

4. **DEFINITIONS**:

4.1 Nurse: Refers to Community Health Nurse, Supervisor of Community Health Programs, or Public Health Nurse.

- 4.2 Examples of emergent or urgent presentation include but are not limited to: any suspected fracture, neurovascular compromise, respiratory compromise, intrathoracic injury, and/or hemodynamic instability.
- 4.3 Qualified Nurse Practitioner: A nurse practitioner who has the training, knowledge, skill, and ability to interpret X-rays.

5. PROCEDURE:

- 5.1 The CHN or SCHP must determine the need to do a radiological exam and must refer to:
 - 5.1.1 Policy 08-019-00 Nurse Initiated X-Ray Requests
 - 5.1.2 *Policy 08-019-00 Initiating X-Ray for TB Program* for guidance.
 - 5.1.3 First Nation's Inuit Health Branch (FNIHB) Guidelines.
- 5.2 The PHN must determine the need to do a radiological exam and must refer to *Policy 08-019-00 Initiating X-Ray for TB Program* for guidance.
- 5.3 Once the X-ray has been completed the nurse may;
 - 5.3.1 Make a preliminary review noting any obvious abnormal findings on the X-Ray
 - 5.3.2 According to clinical presentation may initiate care according to the Government of Nunavut Policies, Protocols and Guidelines or the First Nation Inuit Health Branch (FNIHB) Guidelines.
 - 5.3.3 If no abnormality is noted, the nurse must still consider patient presentation and clinical suspicion.

Practice Point: The nurse should err on the side of caution and consult physician or NP when there is an abnormality noted, and/or clinical suspicion despite what may appear to be a normal X-ray.

- 5.4 The nurse must further consult with MD or qualified NP urgently/emergently when there is:
 - 5.4.1 An abnormality noted.
 - 5.4.2 For all emergent or urgent presentations
 - 5.4.3 **And/or** clinical suspicion warrants a consult despite what may appear to be a normal X-ray
 - 5.4.4 Refer to Policy 07-031-00 CHN Expanded Role: Diagnosing, initiating lab and x-ray tests, and initiating drug treatment, Policy 08-005-00 Acknowledgement of Diagnostic Test Results and Policy 08-006-00 Follow up of Abnormal Diagnostic Test Results.
- 5.5 The nurse must consult with a physician or qualified NP as soon as it is reasonably possible or before the final report has been received from the radiologist.
- 5.6 The nurse must document the plan of care according to policy 06-008-00 Documentation standards;
 - 5.6.1 Any abnormalities noted, or findings during their preliminary review of the X-Ray
 - 5.6.2 The time when physician or NP was consulted
 - 5.6.3 The physicians or NPs findings/preliminary review
 - 5.6.4 Any orders received
 - 5.6.5 Follow-up required
- 5.7 The nurse or designate must follow up diagnostic report according to *Policy 08-005-00*Acknowledgement of Diagnostic Test Results and Policy 08-006-00 Follow up of Abnormal Diagnostic Test Results.

6. RELATED POLICIES, PROTOCOLS AND LEGISLATION:

Policy 05-009-00 Transferred function

Policy 06-008-00 Documentation standards

Policy 07-035-00 Escalation of Medical Care

Policy 08-07-031 CHN Expanded Role: Diagnosing, initiating lab and x-ray tests, initiating drug treatment

Policy 08-005-00 Acknowledgement of Diagnostic Test Results

Policy 08-006-00 Acknowledgement of Abnormal diagnostic test results

Policy 08-009-00 Radiographical Examination of Pregnant Women

Policy 08-019-00 Nurse Initiated X-Ray Requests

Policy 08-019-01 Initiating x-rays for TB Program

First Nations Inuit Health Branch Guidelines

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