

Document Code:

OSPAR- ANCI- RAD-2022-01

Issue Date:

Affectivity Date: 2022 Revision 2008,2014,2022

Section / Department

Policy Title:

Policy on the Standard Operational Procedures in the Radiology Department

RADIOLOGY DEPARTMENT

Page 1 of 8

Prepared By:

Rosinante C. Garcia, RRT,MPA Radiologic Technologist IV

Justin Joseph M. Aranda, RRT Radiologic Technologist II

Reviewed By:

Dondee P. Mojica MD.FPCR
Chief Radiologist

Karl Marx Dimayuga, RSW Head, Medical Social Services &Malasakit Center

Meda M. Calderon, RN, MAN
Chief Nurse

Approved by:

Redentor P. Alquiroz, M.D. Chief of Clinics

Darius J. Sebastian, MD, MPH, PHSAE Hospital Administrator

Jefferson R. Pagsisihan, MD, MHM **Hospital Director**

CLASSIFICATION: Comprehensive (3) **OBJECTIVES**:

This policy shall serve as a guideline in transactions for different Radiologic procedures.

COVERAGE:

Different hospital sections require Radiologic procedures.

RESPONSIBILITIES:

It shall be the responsibility of this section to implement procedures for Xray the y and to facilitate the ease of results.

It shall be the responsibility of this section to specify appropriate Radiology procedures on requests as warranted and attend to special procedures when needed.

It shall be the responsibility of the Nursing Staff to inform this section of requests to follow up results.

POLICY:

This policy shall enforce these guidelines on the execution of all procedures covered by this section.

This policy shall ensure that all related procedures be properly coordinated with this section.

This policy shall enforce the timeliness of the release of results of any procedures done.



Document Code:

OSPAR- ANCI- RAD-2022-01

Issue Date:

Affectivity Date: 2022 Revision 2008,2014,2022

Section / Department

Policy Title:

Policy on the Standard Operational Procedures in the Radiology Department

ANCILLARY DIVISION APPROVAL MATRIX

RADIOLOGY DEPARTMENT

Page **2** of **8**

Prepared By:

Rosinante C. Garcia, RRT,MPA Radiologic Technologist IV

Justin Joseph M. Aranda, RRT Radiologic Technologist II

Reviewed By:

Dondee P. Mojica MD.FPCR
Chief Radiologist

Karl Marx Dimayuga, RSW
Head, Medical Social Services
&Malasakit Center

Meda M. Calderon, RN, MAN
Chief Nurse

Approved by:

Redentor P. Alquiroz, M.D. Chief of Clinics

Darius J. Sebastian, MD, MPH, PHSAE **Hospital Administrator**

Jefferson R. Pagsisihan, MD, MHM
Hospital Director

STANDARD OPERATING PROCEDURES:

General Radiography (X-Ray | Ultrasound | CT)

- All request forms must be properly filled up and signed by the requesting physician
 to include assessment or diagnosis, current medicines taken; other pertinent
 diseases, and desired examination requested. (*Refer to Appendix-A for the
 Radiology Dept. request forms)
- II. Electronic requests for admitted patients must be forwarded to this section through iHOMIS prior to the examination.
- III. Upon presenting the request form, the patient will be interviewed by a staff of this Section.
- IV. For Indigent / OSCA / PWD / ER-OPD patients who cannot pay, they will be referred to the Malasakit Center for assessment by the medical social worker.
- V. This section will issue **charge tickets** for admitted patients. This section will issue one physical copy of the charge ticket to be endorsed to the billing section and will also process a digital charge ticket through iHOMIS. (*Refer to Appendix-B for the **charge ticket form**)
- VI. All Radiologic examinations for outpatients that are to be free of charges be registered at the Out-Patient Department and duly screened by Malasakit



Document Code:

OSPAR- ANCI- RAD-2022-01

Issue Date:

Affectivity Date: 2022 Revision 2008,2014,2022

Section / Department

ANCILLARY DIVISION APPROVAL MATRIX

Policy Title:

Policy on the Standard Operational Procedures in the Radiology Department

RADIOLOGY DEPARTMENT

Page 3 of 8

Prepared By:

Rosinante C. Garcia, RRT,MPA Radiologic Technologist IV

Justin Joseph M. Aranda, RRT Radiologic Technologist II

Reviewed By:

Dondee P. Mojica MD.FPCR
Chief Radiologist

Karl Marx Dimayuga, RSW
Head, Medical Social Services
&Malasakit Center

Meda M. Calderon, RN, MAN
Chief Nurse

Approved by:

Redentor P. Alquiroz, M.D. Chief of Clinics

Darius J. Sebastian, MD, MPH, PHSAE **Hospital Administrator**

Jefferson R. Pagsisihan, MD, MHM **Hospital Director**

Center. Social workers from Malasakit Center will issue an **approval sheet** for procedures that are to be rendered free. (*Refer to Appendix-D for the Malasakit **approval sheet**)

- VII. For special or contrast procedures, the RRT will give preparation along with the required materials for the procedure and schedule the patient on a specified date
- VIII. Radiologic examinations requested for diagnostic purposes are advised to be done as a routine procedure to minimize unnecessary radiation exposure.
- IX. X-ray/radiologic technologists shall not be required to hold a patient during exposure. Only the relative or companion shall be allowed to do so, provided that they wear protective lead apparel to minimize unnecessary radiation exposure.
- X. All results of the examination of admitted patients shall be delivered to wards by this section once the Radiologic Technologist on duty is done with the typing and checking of results. They shall be released only to authorized signatories of each area concerned.
 - a. OPD/TR Patients admitted to ER |Xray/UTZ/CT Scan results will be forwarded to ER
 - b. ER Patients admitted to Ward |Xray/UTZ/CT Scan results will be forwarded to their respective wards



Document Code:

OSPAR- ANCI- RAD-2022-01

Issue Date:

Affectivity Date: 2022 Revision 2008,2014,2022

Section / Department

Policy Title:

Policy on the Standard Operational Procedures in the Radiology Department

ANCILLARY DIVISION APPROVAL MATRIX

RADIOLOGY DEPARTMENT

Page 4 of 8

Prepared By:

Rosinante C. Garcia, RRT,MPA Radiologic Technologist IV

Justin Joseph M. Aranda, RRT Radiologic Technologist II

Reviewed By:

Dondee P. Mojica MD.FPCR
Chief Radiologist

Karl Marx Dimayuga, RSW
Head, Medical Social Services
&Malasakit Center

Meda M. Calderon, RN, MAN
Chief Nurse

Approved by:

Redentor P. Alquiroz, M.D. Chief of Clinics

Darius J. Sebastian, MD, MPH, PHSAE **Hospital Administrator**

Jefferson R. Pagsisihan, MD, MHM **Hospital Director**

- c. ER Patients not admitted are automatically classified as OPD patients
- XI. Request for elective Radiologic examinations coming from emergency and admitted patients shall be scheduled on appropriate times.
- XII. Borrowed radiographic / tomographic films by any ward must be signed out by staff of their department and should be signed by the person who borrowed it and returned in proper order as soon as the need for them terminates. No borrowing of radiographic/tomographic films by relatives shall be enforced.
- XIII. Nursing staff must notify this section first, prior to wheeling in of patients. They must likewise inform this Section if patients would be requiring oxygen for the completion of the procedure.
- XIV. Any examination, if to be a" NO charge", shall require processing and to be recommended for approval by the Medical Social Worker. In cases coming from the ER and wards, the on duty SHO / ER Resident-on-Duty will issue a referral sheet to the hospital's social service. The staff of this section will attach a filled-up Malasakit **Acknowledgement Form** and charge ticket, along with a photocopy of the patient or guardian's ID and will endorse the documents to Malasakit Center(*Refer to Appendix-E for the **Malasakit Acknowledgement Form**)



Document Code:

OSPAR- ANCI- RAD-2022-01

Issue Date:

Affectivity Date: 2022 Revision 2008,2014,2022

Section / Department

Policy Title:

Policy on the Standard Operational Procedures in the Radiology Department

ANCILLARY DIVISION APPROVAL MATRIX

RADIOLOGY DEPARTMENT

Page **5** of **8**

Prepared By:

Rosinante C. Garcia, RRT,MPA Radiologic Technologist IV

Justin Joseph M. Aranda, RRT Radiologic Technologist II

Reviewed By:

Dondee P. Mojica MD.FPCR
Chief Radiologist

Karl Marx Dimayuga, RSW
Head, Medical Social Services
&Malasakit Center

Meda M. Calderon, RN, MAN

Chief Nurse

Approved by:

Redentor P. Alquiroz, M.D. Chief of Clinics

Darius J. Sebastian, MD, MPH, PHSAE **Hospital Administrator**

Jefferson R. Pagsisihan, MD, MHM
Hospital Director

- XV. All films shall be released to the patients except Medico-Legal cases. Only the Attending Physicians may retrieve them from the designated department after signing in the borrower's logbook.
- XVI. Patients with medico-legal cases will need to possess an official receipt from the cashier and may not be endorsed to Malasakit Center.
- XVII. Patients for iv-contrast procedures are required to have a current (within one week) normal creatinine level
- XVIII. The Radiology Department (X-Ray, CT scan, Ultrasound sections) keeps its own patient record. The patient logbook should reflect the name of the patient, type of examination, date and time of the procedure and the case number.
- XIX. X-ray images and CT scan images are sent to the radiologist for official interpretation. For ultrasound, the radiologist on duty scans the patients prior to issuance of the result.
- XX. Preventive maintenance and calibration on every equipment shall be done annually as a requirement of the FDA-CDRRHH for the renewal of our license to operate.
- XXI. Machine malfunction shall be reported to the machine distributor or a biomedical engineer.



Document Code:

OSPAR- ANCI- RAD-2022-01

Issue Date:

Affectivity Date: 2022 Revision 2008,2014,2022

ANCILLARY DIVISION APPROVAL MATRIX Section / Department

Policy Title:

Policy on the Standard Operational Procedures in the Radiology Department

RADIOLOGY DEPARTMENT

Page 6 of 8

Prepared By:

Rosinante C. Garcia, RRT,MPA Radiologic Technologist IV

Justin Joseph M. Aranda, RRT Radiologic Technologist II

Reviewed By:

Dondee P. Mojica MD.FPCR
Chief Radiologist

Karl Marx Dimayuga, RSW
Head, Medical Social Services
&Malasakit Center

Meda M. Calderon, RN, MAN
Chief Nurse

Approved by:

Redentor P. Alquiroz, M.D. Chief of Clinics

Darius J. Sebastian, MD, MPH, PHSAE **Hospital Administrator**

Jefferson R. Pagsisihan, MD, MHM
Hospital Director

X-Ray Section

- XXII. Routine OPD X-Ray procedures are done between 8:00 AM 4:00 PM from Mondays to Fridays while special procedures or procedures with bowel preparations shall be scheduled on mornings from Mondays to Fridays between 8:00 AM 12:00 Noon only.
- XXIII. No routine OPD X-ray procedures shall be done on holidays and weekends to give way for equipment preventive maintenance. Only admitted, ER, triage, and ER-OB patients shall be entertained for x-ray examinations.
- XXIV. Mobile x-ray machine shall be used only when it is not possible to transfer patients to fixed installations and will be exclusively used on patients who are:
 - a. Severely sick, i.e, unstable vital signs, unconscious
 - b. Non-mobile
 - c. Admitted to the ICU
 - d. With assisted respiration or hooked to a mechanical ventilator
 - e. With heavy extracorporeal non-mobile orthopedic device; and
 - f. Post operative patients



Document Code:

OSPAR- ANCI- RAD-2022-01

Issue Date:

Affectivity Date: 2022 Revision 2008,2014,2022

Section / Department

Policy Title:

Policy on the Standard Operational Procedures in the Radiology Department

ANCILLARY DIVISION APPROVAL MATRIX

RADIOLOGY DEPARTMENT

Page **7** of **8**

Prepared By:

Rosinante C. Garcia, RRT,MPA Radiologic Technologist IV

Justin Joseph M. Aranda, RRT Radiologic Technologist II

Reviewed By:

Dondee P. Mojica MD.FPCR
Chief Radiologist

Karl Marx Dimayuga, RSW
Head, Medical Social Services
&Malasakit Center

Meda M. Calderon, RN, MAN
Chief Nurse

Approved by:

Redentor P. Alquiroz, M.D. Chief of Clinics

Darius J. Sebastian, MD, MPH, PHSAE **Hospital Administrator**

Jefferson R. Pagsisihan, MD, MHM
Hospital Director

- XXV. Preliminary reports for **X-rays** (initial reading) shall be made available by the requesting Physician after processing of radiographs. Official reports for routine cases will be issued within 48 hrs. Releasing of OPD examination results will be done between 6:00 AM 6:00 PM from Monday to Friday and 8:00 AM 12:00 PM on weekends.
- XXVI. Confirmed pregnant patients must sign a consent that they are agreeing to the xray procedure provided that sufficient radiation protection will be given to both the patient and the fetus.

Ultrasound Section

- XXVII. Ultrasound examinations shall be done on a first come first serve basis for OPD patients (with priority to more emergent cases).
- XXVIII. Releasing of results for all ultrasound examinations shall be within five hours after the examination.

CT Scan Section

XXIX. For contrast procedures, this section will require the patient to have a current (within one week) normal creatinine level



Document Code:

OSPAR- ANCI- RAD-2022-01

Issue Date:

Affectivity Date: 2022 Revision 2008,2014,2022

Section / Department

Policy Title:

Policy on the Standard Operational Procedures in the Radiology Department

ANCILLARY DIVISION APPROVAL MATRIX

RADIOLOGY DEPARTMENT

Page 8 of 8

Prepared By:

Rosinante C. Garcia, RRT,MPA Radiologic Technologist IV

Justin Joseph M. Aranda, RRT Radiologic Technologist II

Reviewed By:

Dondee P. Mojica MD.FPCR
Chief Radiologist

Karl Marx Dimayuga, RSW
Head, Medical Social Services
&Malasakit Center

Meda M. Calderon, RN, MAN
Chief Nurse

Approved by:

Redentor P. Alquiroz, M.D. Chief of Clinics

Darius J. Sebastian, MD, MPH, PHSAE Hospital Administrator

Jefferson R. Pagsisihan, MD, MHM
Hospital Director

- XXX. Any female patient within child-bearing age must answer a questionnaire/consent.

 The radiologic technologist must check the pregnancy of the patient before proceeding with the procedure.
- XXXI. Check LMPs (Last Menstrual Period) especially to child-bearing patients. If the patient states that she IS pregnant, consult with the requesting physician to check if the procedure may be safely deferred. If the outcome of the decision is that the procedure is justified and must proceed due to its nature, then the requesting physician and the patient must sign a consent form for pregnant patients.
- XXXII. For any contrast procedure, the patient must answer a questionnaire/consent.

 The patient must sign it with a witness before continuing with the procedure. In the event that the patient is unable to sign the consent, the accompanying guardian should sign it in the patient's stead.