

Extremity Imaging (excluding hips) for Minor Injuries within 72 hours

For Use in:	Radiology; GP Surgeries
By:	General Practitioners
For:	Patients who have suffered a minor injury in the past 72 hours (excluding hips)
Division responsible for document:	Clinical Support Services
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If Yes – does the strategy/policy deviate from the recommendations of NICE? If so, why?	N/A

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Version and Document Control:

Version No.	Date of Update	Change Description	Author
7		Confirmation regarding Cromer Minor Injuries; general update	
8		Update of cancellation following patient not calling	EKY/DWA/ALB

This is a Controlled Document

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1. Introduction or Background

This protocol has been written to establish a safe and efficient method for General Practitioners (GP) to obtain plain X-rays of patients who present with minor musculoskeletal injuries of **less than 72** hours, to be imaged at the Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH) excluding Cromer.

2. Purpose and Rationale

Patients presenting to their GP with a minor musculoskeletal injury may be referred directly for plain radiographic imaging to Radiology in order to streamline the pathway, support effective demand management and give patients more choice, as well as to reduce the number of attendances in the Emergency Department (ED).

3. Broad Recommendations

This protocol will allow patients to be referred by their GP to Radiology to the NNUH for plain radiographic examination of a minor musculoskeletal injury using a fully booked process offering patient choice. Immediate reporting will permit patients with fractures or soft tissue musculoskeletal injuries requiring urgent clinical review to be referred directly to NNUH ED and for reports to be available to the GP and patient on the same day. Any patients with negative reports will be given the results by the Radiographer and will be advised to return to their GP for further management. The Radiology Department will not offer any treatment or onward referral for those patients with no bony injury. Please note some soft tissue injuries may require referral to ED and such patients will be advised to attend ED even in the presence of no acute bony injury.

4. Scope

Referrals included within the scope of this protocol:

1. Patients 5 years of age and over.
2. Patients who have suffered a minor musculoskeletal injury within 72 hours of the referral being made by the GP.
3. Minor musculoskeletal injuries, which include referrals for:
 - Extremity radiographs - upper and lower limb (**not including pelvis & hip**);

Referrals excluded from the scope of this protocol:

1. Patients under 5 years of age.
2. Patients requiring evaluation by a specialist in trauma (e.g., ED clinician); such patients should be referred directly to ED.
3. For injuries that have been suffered more than 72 hours prior to referral; such patients should be referred via more appropriate pathways (e.g., to ED or for an urgent radiology appointment).
4. Major musculoskeletal injuries, which include referrals for:
 - a. X-ray lumbar, thoracic and cervical spine
 - b. X-ray pelvis & hip

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c. Facial bones

5. Patients requiring a hoist for their radiographic examination.
6. Non-musculoskeletal imaging (chest or abdominal imaging).
7. Modalities other than plain radiography.

5. Aim or Objective

The aim of the protocol is to simplify the patient pathway, support effective demand management in Radiology, give patients more choice and reduce the number of attendances at NNUH ED for patients who have suffered a minor musculoskeletal injury within 72 hours of the referral being made by the GP.

6. Definitions

ED: Emergency Department

GP: General Practitioner

NNUH: Norfolk & Norwich University Hospitals NHS Foundation Trust

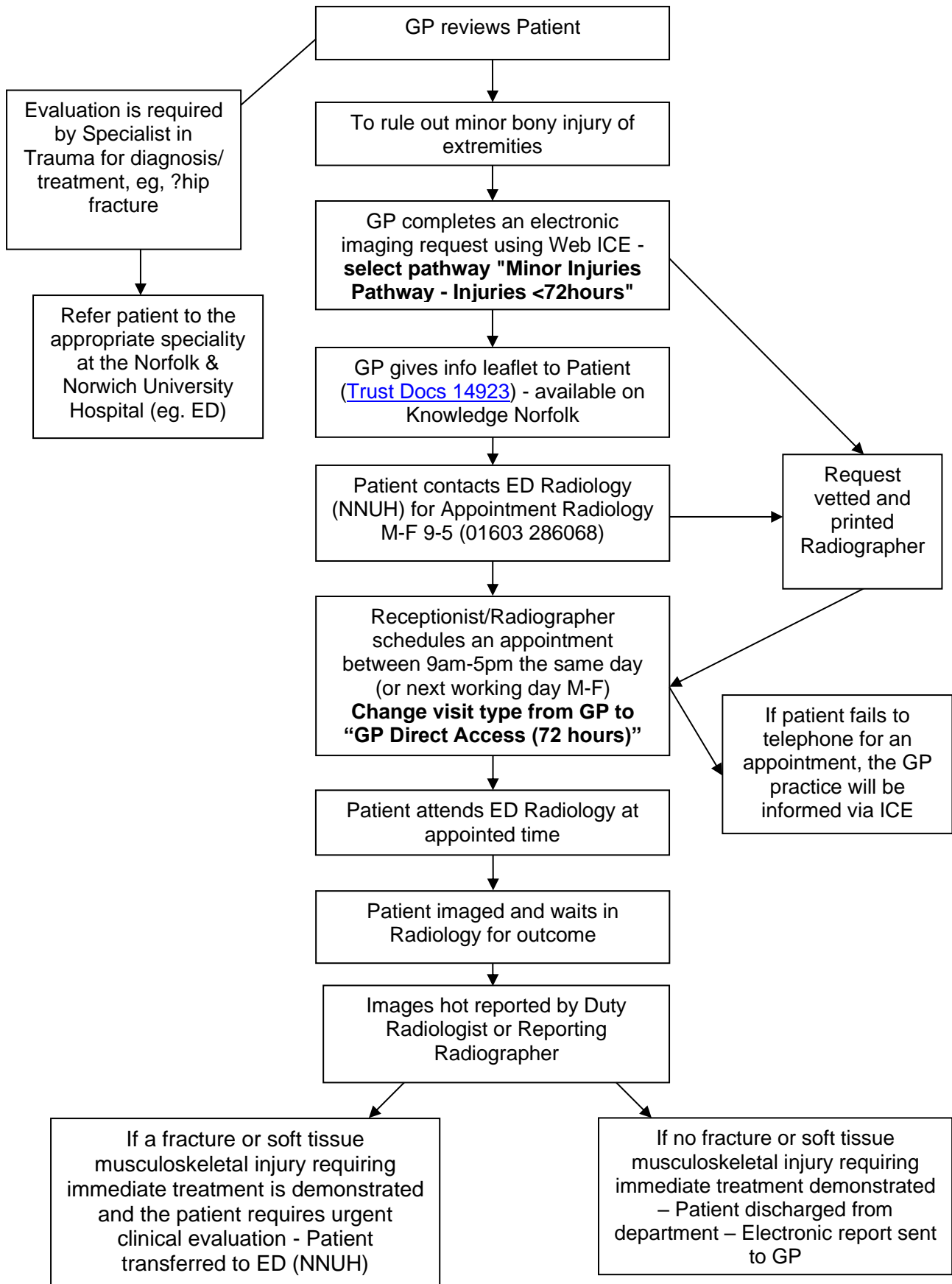
RIS: Radiology Information System

7. Duties

The Imaging Service manager holds overall responsibility for ensuring this protocol is administrated both within the Radiology Department and in liaising with General Practice. They are also responsible for ensuring clinical audit standards are monitored (Section 10).

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8. Process



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1. On reviewing a patient, if a GP decides that evaluation by a specialist in trauma for diagnosis and/or treatment is required, then the patient should be referred directly to the appropriate speciality within the NNUHFT.
2. If the patient has suffered a minor injury of an extremity (see Scope above), within the previous 72 hours the GP can refer the patient to exclude a fracture.
3. A request for the relevant radiographic examination is completed by the referring GP using WebICE- **choose the “GP Minor Injuries Service - injuries <72 hours”** pathway. All referrals should be made in accordance with IR(ME)R (2017) regulations.
4. The GP will provide the patient with an information leaflet [Trust Docs ID: 14923](#) outlining Radiology contact details and the referral process. The patient should be instructed to telephone ED Radiology NNUH (01603 286068) to book a same working day/next working day appointment.
5. The patient telephones the ED Radiology reception desk NNUH (01603 286068) to confirm that a radiographic examination has been requested. The Radiographer will justify the examination and the patient is scheduled onto the RIS system.
6. The patient will be offered a range of appointments between 9am and 5pm the same day. If this is not practical or convenient for the patient/service then an appointment will be offered for the following working day - weekdays only 9-5.
7. Patient attends for the radiographic examination at the appointed time and remains within the Radiology department until the radiological outcome has been confirmed.
8. The patient's images are 'hot' reported by the Duty Radiologist or Reporting Radiographer. The report is made directly onto RIS and is available on WebICE immediately to GPs and ED staff (where appropriate).
9. If a fracture or musculoskeletal injury is identified and the patient requires urgent clinical review, the patient will be directed/taken to the ED department for clinical evaluation and management
10. Patients with no bony injury/musculoskeletal injury requiring treatment in ED are discharged and advised that if they have any further concerns about their injury to contact their GP. **No further support will be offered to the patient from the Radiology Department in this instance. No onward referral or treatment services are available via this pathway.**
11. Please note this pathway is not available at Cromer Hospital. Any patients attending Cromer will either be directed to Cromer Minor Injuries Unit for assessment and management (the GP request will be cancelled).

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12. Any patient attending NNUH with a referral outside the scope of this protocol will be redirected to ED for assessment and management (the GP request will be cancelled). The GP Practice will be informed of this via ICE. .
13. If the patient fails to contact Radiology for an appointment within the defined timeframe (1 working day), the request will be cancelled with the cancellation reason "Request out of date – re-refer if still required...".
14. If the patient fails to attend their appointment, it will be cancelled and no re-appointment made. The GP Practice will be informed of the DNA via ICE.

Please note: patients requiring a hoist cannot be referred via this protocol. If your patient requires a hoist, please either refer them for an appointment, indicating that a hoist is required on the request, or send them to ED for assessment and treatment. The Radiology Department does not organise Hospital Transport for patients.

9. Development and Consultation Process

This protocol has been approved by the Radiology Clinical Governance committee. Prior to approval, it has been circulated to the following for comment. Comments have been incorporated where appropriate from:

General Radiography Modality Lead and Clinical Leads
Practice Development Manager
Operations Manager
Cromer Minor Injuries Nurse Practitioners
North and South Norfolk CCGs
ED Matron
Radiology Chief of Imaging
Radiology Plain Film Consultant Radiologist Lead
Reporting Radiographers

10. Audit / Monitoring Compliance

To ensure that there compliance with the above standards, a radiographer will undertake an annual audit of the following monitoring processes:

- a) Audits of referrals to ensure compliance with the protocol and Ionising Radiation Medical Exposure Regulations (IR(MER) 2000), as well as appropriateness of the request annually
- b) Retrospective audit of report turnaround times annually

The audit results will be sent to the Radiology Governance Meeting who will ensure that these are discussed, review the results and make recommendations for further action

11. Equality Impact Assessment

An Equality Impact Assessment form has been completed and approved by the Radiology Directorate. Copies held on the Radiology shared drive and with the Trust Policies Administrators.