

## LOS ANGELES GENERAL MEDICAL CENTER RADIOLOGY CRITICAL RADIOLOGY RESULTS AND LEVEL OF NOTIFICATION

### Definitions:

- **Immediate Notification:** A situation where the radiologist reads a study and recognizes an immediate, imminent danger to life, limb, or public health. This requires an immediate communication to the provider or appropriate contact as soon as possible but not to exceed 1-hr. The radiologist would be required to document the time and the name of the provider whom they notified.
- **Urgent Notification:** A situation that is important but not life threatening, where the radiologist is required to communicate to the provider or appropriate contact within 8-hrs. The radiologist or department should keep a record of whoever was notified.
- **Confirmed Notification:** A situation where the radiologist reads a study and recognizes a condition where follow-up is essential. The finding would be such that a radiologist should not rely on the provider to find the results. Notification is not urgent, but should be confirmed, and notification should be sent to the referring service within 1-week. The radiologist or department should keep a record of whoever was notified.

### Lists:

- **Immediate Notification List: (critical results read back within 1-hr. of Radiology interpretation)**
  - Evidence of new/worsening/unsuspected increased intracranial pressure (i.e. bleed, mass, edema, shift)
  - Leaking aneurysm (cerebral, thoracic, abdominal), acute aortic syndrome (new or progressive major vessel dissection, pseudoaneurysm, intramural hematoma, etc.)
  - Unsuspected acute ischemic stroke
  - Spinal fracture with instability
  - Acute cord compression
  - Malposition of central line, endotracheal tube or nasogastric tube
  - New pulmonary embolism
  - Highly suspected active tuberculosis
  - Pneumothorax (new, increasing, or unsuspected)
  - New or unsuspected large sized pericardial effusion
  - Emergent surgical or interventional abdomen (acute hemorrhage with active bleeding, unexpected free air, bowel/organ perforation, appendicitis, etc.)
  - Suspected necrotizing infection
  - Suspected child abuse
  - Retained foreign body
  - Ectopic pregnancy (confirmed or suspected)
  - Hemoperitoneum/mass in pregnant patient
  - Fetal hydrops
  - Acute testicular or ovarian torsion suspected (mass, abnormal Doppler, absent or reversed end diastolic flow)
  - Any change to a preliminary read that would urgently impact patient care
  - Any finding which represents an immediate, imminent danger to life, limb, or public health
- **Urgent Notification List: (critical results read back within 8-hrs of Radiology interpretation)**
  - Acute deep venous thrombosis
  - Moderate to severe obstructive uropathy (unsuspected, new, or increasing) \
  - Fetal demise (>20 weeks)
  - Concern for molar pregnancy
  - Oligohydramnios (AFI < 5 cm, MVP < 2 cm)
  - Intrauterine growth restriction (AC <3%, increased HC:AC ratio, abnormal Dopplers)
  - Placenta previa/accreta/percreta
  - Short cervix in 2nd trimester (< 3 cm, TVUS, empty bladder)
- **Confirmed Notification List: (notification within 1-week of Radiology interpretation)**
  - Unsuspected finding highly worrisome for malignancy
  - Unsuspected sizable aneurysm or rapid growth (Aorta > 5 cm, > 1 cm growth/year or > 5 mm/6 mo)
  - Unsuspected significant prenatal anatomic or functional abnormality (cardiac, spinal, organ, mass, etc.)
  - Any change to a preliminary read that would impact patient care