SUBJECT/TITLE: RESPONSIBILITIES FOR RADIOLOGY ASSISTED BIOPSIES/ASPIRATIONS

PURPOSE: Identify procedures for performing biopsy or aspiration in Radiology

DEFINITION: None

POLICY:

Biopsies and aspirations must be approved by a staff radiologist. The radiologist will call the appropriate scheduling area to confirm time and relay this information to the referring physician. If the approving radiologist is not on service at the time the procedure is scheduling, the staff radiologist who is scheduled to cover the day of the procedure must be notified.

PROCEDURE:

1. The referring physician must be informed:
   a. If prep is needed (i.e., patients needing CT oral prep should come 60 minutes prior to the appointment time).
   b. If patient is an outpatient, the possibility of the patient being admitted (i.e., in case of pneumothorax, etc.)
   c. If indicated, obtain current PT/PTT to be drawn at least two hours before the patient is scheduled for procedure.

2. The radiologist should review previous radiology imaging procedures and fill out protocol sheet prior to the patient’s arrival. Determine what patient orientation (prone, decub) is needed so patient can be prepared accordingly.

3. Determine types and sized of biopsy needles, drainage kits, etc. you need prior to procedure.

4. If Cytology is needed, a call (6-2517) must be placed at least one-half hour before needed. Cytology physicians are available from 8 a.m. to 4 p.m., Monday through Friday. A cytology requisition must be filled out prior to the sample being taken. Cytology is called for the second time when the biopsy needle is in close proximity to the lesion.

5. If delayed imaging is needed post biopsy, submit appropriate radiology orders with type of exam and time procedure is to be performed. CT technologists will attaché a Rad assisted biopsies – aspiration: 5/89, 9/98, 8/04
bright pink tracking form to indicate where the film is to be sent. If doing a CRX s/p Thoracentesis, place pink sticker on chest requisition.

6. Any samples sent back with the patient for other laboratory work should be labeled by the technologists following hospital policy to assure accurate identification of specimens.

7. All patients will be placed on a cart unless otherwise requested.

8. Patient leaving Radiology with a drainage tube in place should have care instructions written.

9. Clearly identify the following information in the Doctor’s orders:
   a. Vital sign frequency
   b. Total recovery period
   c. PO intake – can patient have anything by mouth?
   d. Positioning – when can patient have HOB elevated, sit, or walk?
   e. Site check
   f. Voiding
   g. Identify where you can be notified – pager number.
   h. Identify if an outpatient is going to be admitted and location.
   i. Orders for meds and IV fluids when necessary.
   j. Be specific about dressing changes and care of drainage sites.

10. Post procedure orders: write on doctor’s order sheet with notation in clinical notes that exam was performed.