Radiology Report Acuity Guidelines
(effective 7-19-13)

5 Emergent
Findings that are potentially immediately life threatening, requiring a truly stat or “hyper stat” clinical decision. Direct communication must occur immediately (“hyper stat”) or more typically within 30 minutes, perhaps as long as 1 hour.

Examples: cerebral hemorrhage, acute cerebral infarction, acute aortic dissection

4 Urgent
Findings that could result in mortality or significant or unnecessary morbidity if not appropriately handled, requiring direct communication for clinical decision within 3 hours perhaps up to 8 hours (within a shift).

Examples: abdominal abscess, hip fracture, unexpected findings in ER patients, selected positive pre op chest x-rays, infections in immune compromised patients

3 Priority
But do not require clinical decisions right away. Direct communication can wait up to 24 hours perhaps as long as 15 days.

Examples: Biopsy recommendation on mammogram, new non calcified lung nodule, rapid tumor progression on follow up surveillance imaging, selected unexpected findings

2 Expedite
Findings that are not overly time sensitive and do not require direct communication, are very unlikely to result in mortality or significant morbidity but for which an additional follow up inquiry should likely be initiated.

Examples: Discovery of a potentially significant incidental thyroid nodule -- not all are significant (e.g. Thyroid nodule under 1 cm in an 80 year old—not significant; any thyroid nodule in a teenager –highly significant)

1 Routine
Findings that are normal or likely inconsequential, represent improvement in a known condition, no new finding of consequence and no significant unexpected finding. Routine report transmission will suffice.

A. Responsible & knowledgeable provider must be called when a call is required
(Categories 5, 4 and 3 as indicated above in bold)

B. Document facts of communication in the original report “Impression” section with proper verbiage for NLP search
(i.e., state clearly—Critical Result and/or Unexpected finding in the “Impression” section)

C. Critical findings as currently defined will typically fall into categories 5 or 4

D. Unexpected findings may fall into a category 5, 4, 3 or 2