CT Procedure Process in Radiology

1. The charge tech in the north tower CT area will determine the order of cases to take place in the CT procedure areas based on the schedule and availability of the patient and their status. Communication of this determination shall be made to the assigned CT nurse by cell phone.

2. The nurse performing sedation in the CT area must be given adequate time to receive hand-off communication either from the RCU nurse or the in-patient unit nurse before receiving any patient in the CT area.

3. The nurse or CT tech is responsible for informing the attending doing the procedure of when the patient has arrived in CT and that all consents have been obtained and are complete. The physicians/extender must write orders so appropriate actions can be taken by nurse to ensure safe care pre, intra, and post procedure.
   a. If consents are not complete the nurse is to inform the attending or resident that consents must be corrected before procedure begins.

4. The procedure nurses are responsible for maintain the event logs in Epic during a CT case.

5. The nurse is to help move patient into appropriate position based on procedure and physicians protocol.

6. Nurse is to connect monitoring equipment and obtain initial set of vital signs to determine baseline so attending physician can determine whether sedation can proceed during briefing.

7. Briefing to take place.
   a. All staff including attending physician, resident(s), nurses, & technologists that will be present for the procedure must be present for the briefing per core policy #CP02-056.
      i. Patient identifiers will be verbalized by patient (if able) or visualized by staff if patient is incapacitated or deemed not able to perform this task.
      ii. Also to be identified at the briefing are:
          1. Procedure to be performed.
          2. Review of relevant patient labs values.
          3. Review the need for antibiotic needs.
          4. Patient allergies and any other potential physiological condition deemed relevant to the procedure to be performed.
          5. Patient flexion and extension of both their neck and mandible.
          6. The monitoring physicians desired level of sedation.
             a. The procedure nurse will make every attempt to achieve physician’s desired level of sedation while also maintaining comfortable level for the patient.

8. Initial scan of patient to take place.
   a. Based on initial scan physician will determine if procedure will or will not be performed.
i. If physician determines procedure will not be performed, patient will return to pre-procedure area and resume previous status.

ii. If physician determines the procedure will commence, see item #6.

9. If procedure is to commence based on initial scan, nurse is to deliver initial dose of moderate sedation medication and is required to communicate this action with the attending physician or deliver a desired dose verbalized by the credentialed attending physician whom is monitoring sedation. The time of initial sedation will be noted by the nurse.

10. Prepping of the patient is to begin after adequate time has been given for the patient to achieve a comfortable level of sedation to be determined by agreement between the sedating nurse and proceduralist. It is the responsibility of the physician to communicate if a desired level of sedation has been achieved with the sedating nurse prior to the timeout.

   a. If a desired level has been achieved move ahead to timeout. The initial sedation may be progressive based on patient reaction during the procedure.

   b. If a desired level of sedation has not been achieved, proceduralist must give adequate time for medications to act to achieve desired and safe level of moderate sedation.

11. Timeout should be performed just prior to incision and consist of:

   a. All information during the briefing (patient ID and procedure verification as well as communication about patient’s comfort/sedation level).

      i. Nurse is to communicate any adverse reactions due to potential over-under sedation to the attending physician.

   b. If any additional staff not present for the initial timeout enter the procedure, an additional timeout must take place at this time.

12. Procedure is to begin.

13. Intra-procedure

   a. The sedating nurse and monitoring physician are required to communicate any hemodynamic instability and/or procedure complications, including over/under sedation.

14. De-briefing process will include:

   a. A verbal summary of the procedure and any intra-procedure complications.

   b. Post-procedure expectation of recovery.

   c. Nurse will inform attending physician of sedation start and end time.

15. Patient will be safely moved to mode of transport and taken to pre-procedure area.

   a. The nurse must perform a handoff communication if patient is returning to the RCU or returning to the floor.