UAB Department of Radiology
Policy for Communication of Critical Findings

The purpose of this document is to describe the policy for communication of critical findings on imaging studies that are interpreted by physicians in the Department of Radiology. Critical results should be communicated accurately in a timely manner to provide immediate urgent response to patient care. A critical finding is defined as a "result or finding that may be considered life threatening or that could result in severe morbidity and require urgent or emergent clinical attention.

In cases of significant, potentially life threatening radiological findings, the radiologist will contact the appropriate healthcare provider as soon as the significant findings discovered ***within 60 minutes***.

1. Significant radiological finding(s) requiring personal notification may fall under one of three categories:
    a. Any unexpected radiological findings likely to warrant urgent or timely evaluation or treatment.
    b. Any unexpected radiological finding with significant potential morbidity or mortality, even if urgent clinical evaluation is not necessary.
    c. Any radiological finding not included in a preliminary report that would likely alter clinical management, including additional imaging requirements.

2. The interpreting attending physician or their appropriate designee (fellow, resident, or physician extender) must communicate critical findings to an appropriately trained healthcare worker (physician, nurse practitioner, nurse, or equivalent) who has current responsibility for the patient. If no such individual can be reached, the responsible Medical Director should be contacted. If they are unavailable, the Inpatient or Ambulatory Chief Medical Officer should be notified. In rare instances when a suitable healthcare worker cannot be contacted, the patient or their guardian should be contacted directly and be instructed appropriately.

    ***Note that communication to other personnel (such as unit clerks, personal assistants, secretaries, caregivers with no current responsibility for the patient, or medical students) is *not* sufficient.

3. Communication must be performed in person or via telephone. The communication must be documented in the imaging report. This must include:

    a. The person who communicated the critical finding
    b. The person to whom the critical finding was communicated and their role (e.g., physician, nurse, nurse practitioner, etc.)
    c. The time and date of communication

4. If it is clear from subsequent studies or other information that a critical finding has already been addressed satisfactorily, communication is not necessary. However, this should be documented in the report.

5. If persistence of a critical finding (e.g., retained surgical sponge, incorrect endotracheal tube position) on successive examinations suggests that the abnormality is unknown to the clinical team or has not been acted upon, the interpreting physician should directly contact the patient's attending physician to reiterate the critical finding and discuss.

The department's list of critical findings is appended on Page 2.

UAB MEDICINE
RADIOLOGY

Radiology Critical Results

1. **General**
   - Retained sponge or other clinically significant foreign body
   - New, unexpected, clinically significant mass or tumor with potential immediate clinical consequences
   - Malpositioned line or tube of immediate clinical concern
   - Allergic reaction resulting in a code
   - Previously undiagnosed, life threatening hemorrhage or vascular disruption
   - Necrotizing fasciitis
2. **Abdomen and pelvis**
   - Unexpected or previously undiagnosed free air or active leakage from GI tract
   - Ectopic pregnancy
   - Intestinal ischemia or portomesenteric gas
   - Ovarian torsion
   - Testicular torsion
   - Placental abruption
   - Newly diagnosed absent perfusion in a postoperative transplant
   - New renal collecting system obstruction with signs of infection
   - Acute cholecystitis (***outpatient only***)
3. **Acute head**
   - Unexpected and clinically significant intracranial hemorrhage
   - New midline shift
   - Clinically significant herniation
   - New, unexpected cerebral infarction
   - Abscess, meningoencephalitis
4. **Acute neck**
   - Acute airway compromise
   - New, clinically significant, unexpected abscess, discitis
   - New, clinically significant, unexpected hemorrhage
5. **Acute spine**
   - New, unexpected, clinically significant cord compression, unstable spine fracture or transection
   - Acute cord hemorrhage or infarct
6. **Acute chest**
   - Unexpected, clinically significant pneumothorax
   - New, large pericardial effusion
   - Findings suggestive of Active TB
7. **Acute skeletal**
   - Impending pathologic fracture
   - New, unexpected, clinically significant fracture
8. **Nuclear medicine**
   - Newly diagnosed absent perfusion in a postoperative kidney Brain death (transplant team waiting for results)
   - New, high probability ventilation/perfusion (VQ) lung scan
9. **Vascular**
   - New, clinically significant, unexpected arterial dissection/occlusion
   - Previously undiagnosed acute thrombotic or embolic event, including DVT and pulmonary thromboembolis
   - Previously undiagnosed, clinically significant aneurysm or vascular disruption

UAB Policy on Compliance 360

- Title of Policy: Verbal Reporting of Critical Test Results
- Policy Number: I 697

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