

Name of Policy: Protocols for CT

Scope: South Georgia Radiology Associates, LLC

Responsible Agent: Heidi Nichols RRA

Approving Officer: Chief Medical Officer- SGRA



Effective Date: 4-1-2020

Initial Effective Date: 10-01-2018

New Policy Proposal Minor/technical revision of existing policy
 Major revision of existing policy Reaffirmation of existing policy

A. **Policy Statement:** Policy for the usage and application of protocols approved by South Georgia Radiology Associates (SGRA).

B. **Purpose:** To establish a process for appropriateness and necessity of ordered CT procedures.

C. **Scope:** This policy applies to all radiology personnel at each facility serviced by the medical staff of South Georgia Radiology Associates, LLC.

D. **Procedure:**

- * Read over and confirm doctor's order.
- * Review any x-ray/related exam reports Ex: chest x-ray for pulmonary nodule, etc.
- * Push prior relevant studies. Any exams that are 2 years old or older will have to be reloaded into SGRA and pushed with your current study.
- * Do not assume printed requisition is correct.
- * Please call SGRA for guidance from radiologists regarding any question you may have about any exam or protocol that may not be listed in this document.
- * If your facility doesn't have the capability to perform a given exam, let SGRA staff know and a radiologist will advise on alternate sequences/protocol.

Approved by:

DocuSigned by:

Josh Smith

Date: 4/16/2020

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Dr. Joshua Smith
Chief Medical Officer, SGRA LLC

Review/ Revisions completed by: Heidi Nichols
RRA,RTR,CT.

Review/ Revision Date:

10-01-2018

02-06-2018

01-23-2019

04/01/2020