

**Name of Policy:** Protocols for CT

**Scope:** South Georgia Radiology Associates, LLC

**Responsible Agent:** Heidi Nichols RRA

**Approving Officer:** Gary Dent MD



**Effective Date:** 1/12/2024

Initial Effective Date: 10-01-2018

<input type="checkbox"/> New Policy Proposal	<input type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> 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 may 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:

*Gary H. Dent*

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Date: 1/14/2024

Gary Dent MD  
President

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

**Review/ Revision Date:**

10-01-2018  
02-06-2018  
01-23-2019  
04-01-2020  
03-31-2022  
01-04-2023  
01-12-2024