

Practical Guidelines for Prescriber/Referrer or Practitioner on the Implementation of the “Policy for the protection of the unborn child arising from ionising radiation received during medical diagnostic or therapeutic procedures”

Introduction

This document sets out practical implementation of the National Pregnancy Policy as adapted by Beaumont Hospital. It outlines practical steps and responsibilities a Prescriber/Referrer (SI 256 of 2018) or Practitioner make reference to certain situations as prescribed. Furthermore, this document is made available to Prescribers/Referrers or Practitioners as “Practical Guidelines” purposes only and it is none exhaustive. Reference to the “Policy for the protection of the unborn child arising from ionising radiation received during medical diagnostic or therapeutic procedures” is advised.

Rationale

The National Pregnancy Policy is applicable for referrals of Patients of Child bearing age 16-55years old referred for Medical Radiation Exposure between the diaphragm and the symphysis pubis and any radionuclide imaging procedures.

Patient Referrals

Referrer Responsibilities

A. I am a Referrer and would like to refer a 40 years old patient for an Abdomen X-ray.

1. Ensure Medical Radiation Exposure is justified. State in writing the reason/s for requesting the examination.
2. Enquire and provide Practitioner the pregnancy status and date of Last Menstrual Period (LMP) of the patient. Document this on the request prompts in RIS/PACS or on referral.
3. In conjunction with practitioner, review justification in the event patient is pregnant, might be pregnant or cannot exclude the possibility of pregnancy.
4. The National Pregnancy Policy does not advocate the use of or reliance on routine urine pregnancy testing as it is unreliable in early pregnancy and false negatives are common.

B. I am a Referrer and would like to refer a 40 years old patient for a dynamic hip screw procedure who is currently under Anaesthesia.

1. Ensure medical irradiation is justified. State in writing the reason/s for requesting the examination.
2. Ideally pregnancy status should be established prior to anaesthesia. If the pregnancy status has not been verified prior to anaesthesia, the prescriber with clinical responsibility must document the justification for continuing the procedure (without knowing the pregnancy status) in the REJUSTIFICATION FORM.
3. The National Pregnancy Policy does not advocate the use of or reliance on routine urine pregnancy testing as it is unreliable in early pregnancy and false negatives are common.

C. I am a Referrer and would like to refer a 40 years old patient for a trauma CT Thorax Abdo and Pelvis procedure who is currently unconscious.

1. Ensure medical irradiation is justified. State in writing the reason/s for requesting the examination.
2. In cases of unconscious patient where pregnancy status cannot be verified, the practitioner with clinical responsibility must document the justification for continuing the procedure (without knowing the pregnancy status) in the REJUSTIFICATION FORM.
3. The National Pregnancy Policy does not advocate the use of or reliance on routine urine pregnancy testing as it is unreliable in early pregnancy and false negatives are common.

D. I am a Referrer and would like to refer a 40 years old patient with special needs for a pelvis x-ray.

1. Ensure medical irradiation is justified. State in writing the reason/s for requesting the examination.
2. For patients with special needs and is not able to communicate a clear consistent answers to queries or is obviously unable to understand and use information provided, the practitioner with clinical responsibility must document the justification for continuing the procedure (without knowing the pregnancy status) in the REJUSTIFICATION FORM.
3. The National Pregnancy Policy does not advocate the use of or reliance on routine urine pregnancy testing as it is unreliable in early pregnancy and false negatives are common.

E. I am a Referrer and would like to refer a 40 years old patient for a small bowel series flourosopic studies who is not proficient in the ENGLISH LANGUAGE.

1. Where practical (with an exception on emergency situations), an interpreter is required to facilitate translation. Beaumont Hospital's nominated interpreter service is currently provided by Word Perfect Interpreter Service and can be contacted directly on 1890707707.

F. I am a Referrer and would like to refer a patient 40 years old patient for a Medical Exposure who is known to be PREGNANT.

The procedure may go ahead with optimisation provided that:

1. The Prescriber with clinical responsibility of the patient has justified the exposure and recorded the decision on the Rejustification Form.
2. The Prescriber with clinical responsibility of the patient have discussed the risk and benefits of the medical radiation exposure to the patient.
3. The patient (or parent/guardian if relevant) has completed and signed the Rejustification Form.
4. The completed Rejustification Form is then scanned into RIS/PACS under the patient request and under the document type "Rejustification Form".

Practitioner

I am a Practitioner and I have received a referral for an abdomen x-ray on a 40 years old patient.

A. Who has indicated that they are not pregnant and procedure falls within the first 10 days of their LMP.

1. Ensure that correct patient identification and procedure matching is undertaken and any queries are discussed with practitioner.
2. Patient is queried if pregnant or might be pregnant. Elucidate to the patient the risks of radiation exposure to the foetus eg *"I have to ask because radiation exposure in pregnancy may slightly increase the risk of childhood cancers above the natural baseline level"*.
3. Actions must be documented on the Pregnancy Status Declaration Form (PSDF):
 - Sections 1, 3 and 4 of the PSDF should be completed and signed.
 - The completed PSDF must be scanned into RIS/PACS under the patient request and under the scan document type "Pregnancy Status Declaration Form".
 - Procedure may go ahead

B. Who has indicated they are not pregnant and procedure does not fall within the first 10 days of their LMP.

1. Ensure that correct patient identification and procedure matching is undertaken and any queries are discussed with practitioner.
2. Patient is queried if pregnant or might be pregnant. Elucidate to the patient the risks of radiation exposure to the foetus eg *"I have to ask because radiation exposure in pregnancy may slightly increase the risk of childhood cancers above the natural baseline level"*.
3. If the patient can reasonably rule out pregnancy, the following actions must be documented in the Pregnancy Status Declaration Form (PSDF):
 - Sections 1, 2, 3 and 4 of the PSDF should be completed and signed.
 - The completed PSDF must be scanned into RIS/PACS under the patient request and under the scan document type "Pregnancy Status Declaration Form".
 - Procedure may go ahead
4. The National Pregnancy Policy does not advocate the use of or reliance on routine urine pregnancy testing as it is unreliable in early pregnancy and false negatives are common.

C. How do I rule out pregnancy?

1. Health professionals can be reasonably certain that a woman is not currently pregnant if any one or more of the following criteria are met and there are no symptoms or signs of pregnancy:
 - A patient is postmenopausal
 - A patient has had a hysterectomy
 - A patient has had a bilateral oophorectomy (surgical removal of both ovaries)
 - A patient has not had sexual intercourse since last normal menses

- A patient is within 4 weeks postpartum
 - A patient is correctly and consistently using an acceptable method of contraception:
 - Insertion of the contraceptive implant (Implanon) within the previous 3 years
 - Insertion of the levonorgestrel Intrauterine System (IUS) (Mirena or Kyleena) within the previous 5 years
 - Insertion of the Jaydess IUD within the previous 3 years
 - Insertion of the Copper Coil IUD within the previous 5-10 years (depending on expected life of coil used)
 - Depo-provera injection within the previous 3 months
 - Tubal Ligation
 - Consistent and correct use of Combined Oral Contraceptive Pill / Progesterone Only Pill / Transdermal Contraceptive Patch (Evra) / Combined Vaginal Ring (Nuvaring) within the past 1 month
2. The policy does not advocate the use of or reliance on routine urine pregnancy testing as it is unreliable in early pregnancy and false negatives are common.

D. Patient referred indicated to be Pregnant.

The procedure may go ahead with optimisation provided that:

1. Review justification in the event patient is pregnant.
2. The Referrer with clinical responsibility of the patient has justified the exposure and may record the decision on the Rejustification Form.
3. The Referrer with clinical responsibility may discuss to the patient have the risks and benefits of the medical radiation exposure.
4. The patient (or parent/guardian if relevant) has completed and signed the Rejustification Form.
5. The Practitioner (Radiographer) must record the procedure details (dose metrics) on section 3 in the Rejustification Form.
6. The completed Rejustification Form is then scanned into RIS/PACS under the patient request and under the document type "Rejustification Form".
7. The Practitioner (Radiographer) shall communicate to the Radiation Safety Officer all relevant details of the Medical Radiation Exposure for foetal dose assessment by the Radiation Protection Adviser.