

## Radiology Fast-Track Chest X-Ray – AED/APU

Document Type	Guideline
Function	Clinical Practice, Patient Care
Directorate(s)	Adult Health Medical Services
Department(s) affected	Adult Emergency Department (AED) and Admission and Planning Unit (APU)
Applicable for which patients, clients or residents?	Adult AED/APU patients that meet the inclusion criteria
Applicable for which staff members?	All AED/APU clinicians
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## 1. Purpose of guideline

The purpose of this guideline is to facilitate the safe and effective transit of a stable patient undergoing cardiac monitoring who requires a chest x-ray from the Adult Emergency Department/Admission and Planning Unit (AED/APU) within Auckland District Health Board (Auckland DHB).

## 2. Definitions

The following terms are used within this guideline:

<b>ACA</b>	Acute Care Area (APU)
<b>AED</b>	Adult Emergency Department
<b>APU</b>	Admission and Planning Unit
<b>CXR</b>	Chest x-ray
<b>EWS</b>	Early Warning Score: A tool used to score a patient's vital signs from normal to abnormal on a scale of 0-10
<b>HDU</b>	High Dependency Unit located in APU
<b>Level 2</b>	The areas of AED/APU/Radiology on level 2 of Auckland District Health Board
<b>MRT</b>	Medical Radiology Technicians
<b>Fast-Track</b>	The practice of AED/APU staff members ordering a CXR and transferring a stable cardiac monitored patient who meets the Fast-Track criteria. This patient will be able to be transferred directly to radiology, have a CXR and returned directly back to AED or APU with the L2 radiology orderly service without a transit nurse in a timely manner with no disruption. This term does not relate to clinical urgency
<b>Transit Nurse</b>	A registered nurse who escorts a patient requiring nursing care during the transfer from one clinical area to another clinical area
<b>GCS</b>	Glasgow Coma Scale
<b>ROERS</b>	Radiology order entry and results sign off

## 3. Inclusion criteria

- The patient is booked only for a general CXR
- The patient has no current or on-going chest pain
- The patient is comfortable
- The patient is haemodynamically stable - has an EWS score of  $\leq 2$
- The patient requires no more than 3L of Oxygen via nasal prongs
- GCS = 15
- The patient is able to sit/stand with minimal assistance
- The patient is not vomiting
- IV infusion is safe to stop for duration of fast-track process
- The patient does not meet any of the exclusion criteria

## 4. Exclusion criteria

A transit nurse is required if the patient does not meet the inclusion criteria above **or** if the patient:

- Is confused
- Requires a patient attender (watch)
- Requires a security watch
- Presents intoxicated and/or with an overdose
- Has self-harmed

## 5. Initiating fast-track process

The AED doctor or AED/APU nurse caring for the monitored patient designates the cardiac monitored patient is stable and meets the fast-track inclusion and exclusion criteria.

## 6. Ordering the CXR

To order the fast-track process, complete the request via ROERS:

- Fast-track should be written in the additional information box on the ROERS electronic request
- Update the whiteboard x-ray column with x-ray ordered
- Fast-track should then be typed in to the comments section on the whiteboard (for fast-track CXR) to keep all staff members informed

Or via radiology form:

- Use the paper radiology form if there is a computer outage
- Fast-track should be written on the request form if ROERS is not working electronically

**Note:** This informs L2 radiology that a patient meets the fast-track criteria and is ready for transfer.

## 7. L2 MRT responsibilities

L2 MRT responsibilities to prepare for fast-track:

- Phone the AED Monitoring Co-ordinator's Cellphone or ACA staffbase to confirm that the patient is suitable for fast-track
- Ensure room is available and vacant for patient to be transferred directly in for CXR
- Liaise with the L2 radiology orderly to collect the patient

## 8. Collection of patient

On collection of the cardiac monitored patient from AED or APU, the monitoring or HDU staff nurse should:

- Ensure the patient still meets the inclusion criteria
- Ensure the patient is wearing a correct name band
- Ensure the patient is dressed in a hospital gown with no bra/jewellery/metal items
- Ensure the cardiac leads are straightened to one side under the gown, through sleeve/key-hole of gown and not tangled
- Clamp or luer off IV fluids
- Check the transport oxygen is at correct flow
- Updates the comments section on the Whiteboard eg "@ x-ray"

## 9. Radiology orderly role

- Checks with the staff nurse that the patient still meets the fast track criteria
- Checks the wristband to verify correct patient
- Remove the monitor from docking station
- If the patient is on oxygen, connect it to a portable oxygen cylinder and ensures the staff nurse checks the flow meter

## 10. Transfer of patient

The radiology orderly transfers the monitored patient directly in to the x-ray room for immediate CXR by the L2 MRTs.

**Note:** The radiology orderly should wait for the CXR to be completed i.e. does not start another job.

## 11. During investigation

If there are any concerns or need for assistance with the patient during the x-ray procedure, the L2 MRTs should:

- Ring the patient's nurse at AED or APU
- Ring the clinical charge nurse of AED or APU
- Stop the x-ray and return the patient to designated area
- Follow normal emergency guidelines
- Activate the emergency bells

**Note:** If L2 MRT activates the emergency bells, the L2 AED team should respond rapidly.

## 12. Post CXR investigation

The patient should be returned directly back from CXR by the orderly to their designated area by the L2 radiology orderly as soon as the investigation is completed.

**Note:** Any patient on the fast-track process should not be left in any waiting area/corridor.

### 13. Return of patient to designated area

The orderly is responsible for:

- Informing the patient's nurse that the patient has been returned to their bed space
- Re-docking the monitor
- Reconnecting the oxygen to wall oxygen

The nurse is responsible for re-assessing the patient on arrival to ensure:

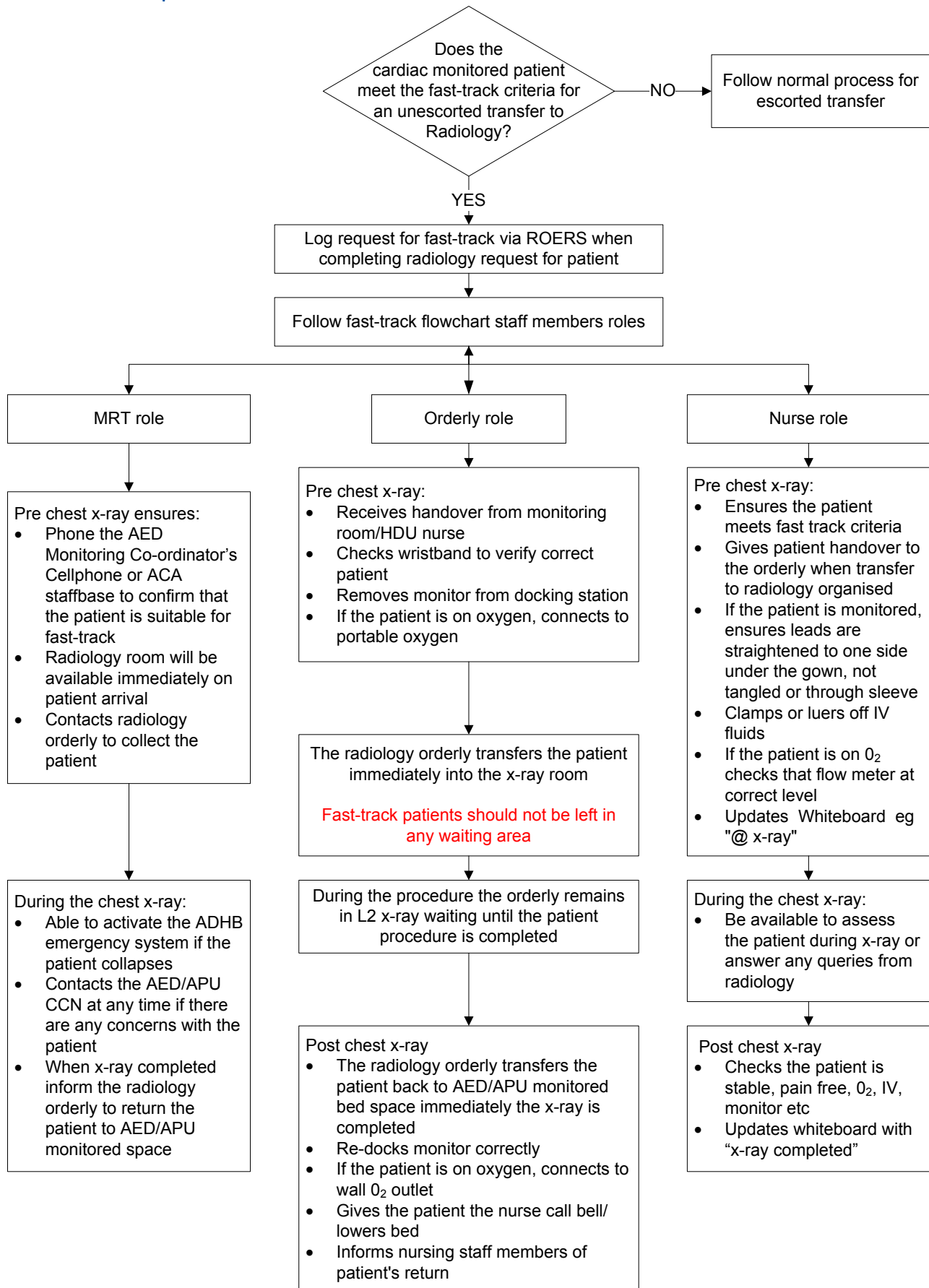
- The patient is comfortable
- The patient has no chest pain
- The cardiac leads, BP cuff and spO<sub>2</sub> monitor are functioning
- The patient's vital signs are cardiovascularly stable - EWS ≤ 2
- The oxygen (if prescribed) is connected at the correct flow to the wall
- The call-bell is within reach of the patient

### 14. Education/training

It is the responsibility of each service involved with the fast-track to ensure that the educational and training requirements for their staff members are met. The AED/APU educators can also assist with training on request by the service.

- AED/APU staff members
- MRT
- Orderly service (24-hour service)

## 15. Fast-track process



## 16. Supporting evidence

- Lin, A., Kerr, D. & Kelly, A. (2007) [Is cardiac monitoring during transport of low risk chest pain patients from the emergency department necessary?](#) *Emergency Medicine Australasia*, 19(3), 229-233.
- [Medical Council of NZ](#)
- [NZ Medical Radiation Technologists Board](#)

## 17. Legislation

- [Health Practitioners Competence Assurance Act \(2003\)](#)

## 18. Associated Auckland DHB documents

- [Health & Safety](#)
- [Health Practitioner's & Registered Social Worker Competence & Reporting Obligations](#)
- [Infection Prevention & Control](#)
- [Medications - Prescribing](#)
- [Professional Development & Recognition Programme for Nurses](#)

### Auckland DHB resources

- [Early Warning Score](#)

## 19. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

## 20. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed **before** the scheduled date, they should contact the owner or the [Clinical Policy Advisor](#) without delay.