

<b>Title</b>	Clyde CT Head Injury Direct to Scan
<b>Applies to</b>	RAH
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## 'DIRECT TO SCAN' SOP FOR HEAD INJURY PATIENTS IN CLYDE EMERGENCY DEPARTMENTS

- Minimum ST1 grade to request scan after discussion with ED consultant (8am til midnight) or ED senior doctor overnight
- Patient **must** meet 'direct to scan' criteria ie one or more of
  - GCS  $\leq$  14 with external evidence of head injury in patients over 16
  - Seizure activity after head injury
  - Anticoagulant therapy

### PROCESS

- Order CT head on Trakcare as soon as criteria for DTS identified
- Phone duty CT radiographer immediately after request on Trakcare to inform of DTS CT head. Provide patient name, CHI and location eg resus, majors room 3. Also provide your name, grade, extension number and name of ED consultant or senior overnight doctor that patient has been discussed with. **Radiographer is not permitted to proceed with CT without these details.**
- Immediately arrange for ED porter after contacting radiographer as long as patients' clinical condition permits.
- Radiographer performs CT, liaises with duty CT radiologist for urgent reporting in hours. (or central radiology reporting hub OOH).
- Reporting radiologist uses sticky notes , records time of sticky note report and/or phones duty ED consultant with verbal report for immediately life threatening reports.

**PLEASE ENSURE YOU REQUEST CT HEAD TIMEOUSLY ONCE CRITERIA MET AND RECORD TIME OF PHONE CALL TO RADIOGRAPHER. CALL PORTERS YOURSELF AND INFORM NURSING STAFF OF NEED FOR URGENT TRANSFER TO CT.**