

CRITICAL RESULTS

- **New Pulmonary Embolus**
- **Ruptured Aortic Aneurysm**
- **New Aortic Dissection**
- **New Intracranial Hemorrhage**
- **Potentially Life-Threatening Hemorrhage (any location)**
- **Acute appendicitis**
 - *Unexpected outpatient only*
- **New Unexplained Pneumoperitoneum**
- **New Unexplained/Unexpected Pneumothorax**
 - *MD decision to call if critical!*
- **Ectopic Pregnancy**
- **Testicular Torsion**
- **Ovarian Torsion**
- **Potentially Life-Threatening Tube or Line Malposition/misplacement**
 - *MD decision to call if critical!*
- **Pneumotosis Intestinalis**
- **Pneumopericardium**
- **Cervical Spine Fracture**

Dictation Criteria:

1. Call report immediately or within 30 minutes of interpretation – TJC National Patient Safety Goal
2. Reports must be called to one of the following caregivers: MD, DO, PA, NP, RN
3. Radiologist to include the Critical Results macro:
4. Critical Results must be placed in the *Impression Section* of the report to meet our guidelines.

Critical Results macro

Critical results were called by myself at the time of interpretation on [<CurrentDate>] at [<CurrentTime>] to [<Ordering Provider>], who verbally acknowledged these results. |

Please Note the Following:

- RAV with MD, DO, NP, or PA is assumed through dialogue.
- RAV with RN – radiologist should verbally acknowledge and have RN read-back understanding of the critical outcome before ending the call.
- Must enter time of call on report to meet compliance.