

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)
- Ectopic Pregnancy
- Testicular Torsion
- Ovarian Torsion
- Potentially Life-Threatening Tube or Line Malposition/Misplacement (MD decision to call)
- Pneumotosis Intestinalis
- Pneumopericardium
- Cervical Spine Fracture
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- Tuberculosis (Not considered a Critical Result)
 Call report to ordering providers office by radiologist or designee (does not need to be physician to physician discussion)

Dictation Criteria:

- 1. Call report <u>immediately</u> or within 30 minutes of interpretation
- 2. Reports <u>must</u> 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 guidelines.

Critical Results Macro

Critical results were called by myself at the time of interpretation on <a href="[<CurrentDate>] at <a href="[<CurrentTime>] to <a href="[<CurrentDate>] at <a href="[<CurrentDate>] <a href="[<Cur

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 results before ending the call.
- Must enter time of call on report, to meet compliance.