

Site: **X-Ray Department**

Document Number: 2.16

Title: **Procedure for Making Enquiries Regarding Possible Pregnancy and Referrals of Persons Who Are Pregnant - (Excluding Nuclear Medicine Examinations)**

Responsible Persons: **Radiologists, Radiographers, Assistant practitioners, Nurses, HCA's and Imaging Assistants**

PROCEDURE

The individual to be exposed has the sole responsibility for safeguarding the foetus. It is therefore essential to provide every individual with adequate information relating to the benefits and risks associated with the radiation dose prior to the procedure, as this gives them the opportunity to ask questions and to declare any possibility of pregnancy. Posters are on display throughout the department encouraging patients to disclose any relevant information.

This procedure applies to all persons of childbearing age identified on CRIS as female when there is to be direct irradiation of the abdomen or pelvis (12-55 years). This procedure will also apply to any patient who declares themselves as female, prior to exposure.

If the examination is outside this area the pregnancy questions should **not** be asked. For theatre procedures, or when the patient is ventilated, the operator making the exposure (radiographer, radiologist or cardiologist) is responsible for ensuring this procedure is carried out prior to the exposure being made.

Abdomen or Pelvis - Direct exposures above the knee and below the diaphragm.

Childbearing age – between the ages of 12-55 or for any person where there is reason to suspect the patient may be pregnant. a Paediatric patient that has started their periods.

High dose procedures – Any fluoroscopy or angiography of the lower abdomen or pelvis.

Pelvic or abdominal CT

N.B. These procedures include those that are potentially high dose.

Low dose procedures - Any procedures not listed above

Patients with booked appointments

- A 10-day rule will be applied to all HIGH DOSE examinations where an exposure is made between the diaphragm and the knee.

- A 28-day rule will be applied to other LOW DOSE examinations of pelvic and abdominal areas, and of the thoracic spine.

A pregnancy test will be undertaken for patients who do not have regular periods or where the possibility of pregnancy cannot be excluded and will be treated as non-booked attendances.

Patients arriving for booked appointments will be subject to enquiry about possible pregnancy as described below.

Related documentation

A document bearing the patients details for identification and information relating to pregnancy status is available and may be used in specific circumstances as described in this document. For clarity this is described in the text as the pregnancy status proforma. This only needs to be used for high dose examinations. Pregnancy status for Low dose examinations needs recording on CRIS.

This documentation MUST NOT be used for any transgender patient, as this information is confidential.

Procedure for checking pregnancy status

For interventional, and cardiac procedures the patient will be asked on entering the department when their ID is checked. For CT, fluoroscopy, NM and all other examinations, this question will be asked following authorisation, before entering the imaging area.

The patient should be asked the following question immediately following the ID check:

Are you or could you be pregnant? The patient may respond in the following ways:

1. If the patient answers yes, indicates that they are probably or may be pregnant they should be treated as if they **are pregnant**.
2. The patient answers "no".
3. If the patient cannot exclude pregnancy or is in anyway unsure, then check and record the date of their LMP using the pregnancy status proforma for high dose examinations and record this on CRIS.

The patient will now fall into one of four categories:

1. The patient confirms they cannot be pregnant– proceed with the examination. Record on CRIS.
2. Patient is definitely or probably pregnant. The procedure should then be justified by a Radiologist practitioner. The details of the practitioner justifying the request should be recorded on CRIS.
3. The patient cannot exclude pregnancy, including those who lack capacity

– LOW DOSE PROCEDURES - Proceed with the examination provided if the patients LMP is within 28 days and the patient understands the limited risk associated with having the examination.

If the LMP is greater than 28 days for a LOW DOSE PROCEDURE.

- a. A pregnancy test must be carried out to establish the pregnancy status avoiding a delay in performing the examination This may be performed in the referring department or Radiology.
- b. Imaging should be delayed until a later date when the first day of the LMP is confirmed (i.e. another cycle has begun).
- c. A Radiologist Practitioner justifies the examination.
- d. In the case of major life threatening or potentially life-threatening illness or injury the referrer may specifically chose to overrule the LMP status for LOW DOSE PROCEDURES only. A record should be entered on CRIS.