Name of Policy: Monitoring of Patient Radiation Skin Dose and Post-Procedure Management of Substantial Radiation Dose Levels **Policy Number**: 3364-102-08 **Approving Officer**: Chief Operating Officer **Responsible Agent**: Director of Cardiovascular Services, Medical Director, Cardiovascular Lab **Scope**: University of Toledo Medical Center	UTOLEDO HEALTH **Effective date:** 03/24/2025 **Original effective date**: 03/01/2020
Key words: Monitoring, Radiation Skin Dose, Post-procedure, Management, Radiation Dose Level	

☐	New policy proposal	☐	Minor/technical revision of existing policy
☐	Major revision of existing policy	☒	Reaffirmation of existing policy

(A) Policy statement

This provides the process of notification and reporting of radiation dosing delivered to patients within the Cardiovascular Lab. (Cath Lab)

(B) Purpose of policy

To prevent radiation-induced skin injuries by means of establishing a radiation dose monitoring program and a process for management of substantial radiation dose levels at the University of Toledo Medical Centers (UTMC) Cath Lab.

(C) Procedure

(1) Radiation Dose Monitoring

(a) For each case performed in the Cath lab a staff member will be designated to monitor the cumulative reference air kerma readout on the c-arm (units of mGy).

(b) At the 3000 mGy level the person monitoring the dose will notify the interventionalist of the dose level. Additional notifications will be made at each 1000 mGy thereafter. **NOTE:** These notifications are **NOT** meant to be an indication that the procedure should be stopped. They are meant to keep the interventionalist updated of the dose level such that the case is properly managed from a risk-benefit basis.

(c) Following the case the cumulative reference air kerma should be recorded in the patient's medical record.

(2) Post-Procedure Management of Substantial Radiation Dose Levels

(a) A substantial radiation dose level (SRDL) is defined at our institution as a cumulative reference air kerma of greater than or equal to **5000 mGy.**

(b) Procedures which have reached the SRDL will be reported to the X-ray QA Committee and the Radiation Dose Review Committee.

(c) Each patient who has reached a SRDL will be provided with written discharge instructions on where and what to look for in order to identify any possible skin injury.

(d) Patients will be instructed to contact the Cath Lab should they have a radiation induced skin injury and clinical follow-up will be scheduled.

(e) For those patients who have not contacted the department, telephone or email follow-up will be made with patients at one-month post-procedure to ensure there has been no occurrence of skin injury.

Approved by: /s/ _____ Todd Korzec, RN, BSN Director, Cardiovascular Services 3/24/2025 _____ Date /s/ _____ Ehab Eltahawy, MD Medical Director, Cardiovascular Lab 3/24/2025 _____ Date /s/ _____ Christine Stesney-Ridenour, FACHE Chief Operating Officer 3/24/2025 _____ Date *Review/Revision Completed by:* *Director, Cardiovascular Services*	**Policies Superseded by This Policy:** • *None* Initial effective date: 3/1/2020 Review/Revision Date: 03/2020 03/2022 03/24/2025 Next review date: 3/24/2028