| Name of Policy: Ultrasound (US) Emergency Call-in Guidelines | | | UT UTOLEDO HEALTH | |
|---|-----------------------------------|-----------|--|--|
| Policy Number : 3364-135-162 | | | | |
| Approving Officer : Assistant Professor & Deputy Clinical Service Chief, Director Radiology | | | y Effective date: 04/10/2025 Original effective date: 11/1/2021 | |
| Responsible Agent : Assistant Professor & Deputy Clinical Service Chief, Director Radiology | | | 5 | |
| Scope : University of Toledo Medical Center Radiology | | | | |
| Key words: Ultrasound, Emergent, Exams, Guidelines, Call | | | | |
| | New policy proposal | | Minor/technical revision of existing policy | |
| | Major revision of existing policy | \square | Reaffirmation of existing policy | |

(A) Policy statement

To provide safe and efficient care to our patients, the Ultrasound (US) department will provide on call services for Emergent US exams.

(B) Purpose of policy

To establish guidelines when an US exam is ordered outside of normal business hours.

(C) Scope

All US Technologists, Ordering Providers, Emergency Department staff and Nursing Unit staff shall follow and be aware of the established guidelines.

(D) Procedure

The Guidelines for Emergent US Call-ins are as follows:

Only select exams are deemed Emergent and must have one of the following diagnoses.

- Testicular Torsion
- Ovarian Torsion
- Ectopic Pregnancy
- Renal Transplant Evaluation; Post Op, Possible failure, Vascular thrombosis

In the event of an exception to the above guidelines, a Radiologist's approval shall be obtained before the on-call US Technologist is called in.

The Radiologist can be reached at 419-383-4485. Monday-Friday until 10pm, Saturday-Sunday until 11:00pm and after hours at 419-291-4438.

Once approval is obtained, the ordering service should contact the US Technologist on call 419-383-3936 option 5.

| Approved by: | Policies Superseded by This Policy:• None |
|---|---|
| /s/ | Initial effective date: 11/1/2021 |
| Nathan Egbert, MD | |
| Assistant Professor & Deputy Clinical Service | Review/Revision Date: |
| Chief | 11/1/2021 |
| 04/10/2025 | 3/1/2022 |
| 04/10/2025 | 3/1/2025 |
| Date | 4/10/2025 |
| <u>/s/</u> | Next review date: 04/10/2028 |
| Ryan Landis, BSRT (R)(CT) | 1(extreview dute: 01/10/2020 |
| Director, Radiology | |
| 03/24/2025 | |
| Date | |
| | |
| <i>Review/Revision Completed by:</i> Ryan Landis, BSRT (R)(CT) | |