

CALL SURVIVAL GUIDE -- 2017

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1. Call Basics

After-hours coverage for Hillcrest, Thornton, Sulpizio Cardiovascular Center (SCVC), Jacobs Medical Center, and VAMC:

Short Call (M-F 5pm-8pm)

Nightfloat (M-Th 8pm-8am) (F 8pm-7am) (Sat 6pm-7am) (Sun 6pm-8am)

Evening Shift (ER PM resident, fellow, attending on M-Sun 5pm-11pm)

Weekend/Holiday Call (Chest, Body, Neuro, VA) (7a-5p except for chest, which is 7a-6p)

Final reports for all STAT inpatient and ER studies are issued by the ERPM resident, fellow and attending until 11 pm. All STAT studies after 11 pm as well as all routine inpatient studies from 5 pm - 8 am require a **preliminary** report (i.e. prelim in the i-box).

Mon-Friday	8:00 AM	5:00 PM	8:00 PM	11:00 PM	8:00 AM	
	Normal	Short call				
		ER PM (resident, fellow, attending)				
			Night float			
Sat/Sun/Holidays	7:00 AM	12:00 PM	5:00 PM	6:00 PM	11:00 PM	7:00 AM
	Neuro					
	Chest					
	Body					
			ER PM (resident, fellow, attending)			
				Night float		

Abbreviations

- ER PM = Evening ER shift
- HC = Hillcrest
- IP = Inpatient
- MCC = Moores Cancer Center
- NF = Night Float
- OP = Outpatient
- SC = Short call
- SCVC = Sulpizio Cardiovascular Center
- TH = Thornton
- VAMC = VA Medical Center, San Diego

2. Short Call (SC): (M-F 5pm- 8pm) at Hillcrest

- Responsibilities
 - Start of shift
 - Note that it can take over an hour to get to HC from TH at 5 pm. Therefore, we suggest requesting SC on months when you are already at Hillcrest.
 - Pick up Radiology on-call pager (p5063) from the Body CT Sr Resident at the start of shift
 - Contact the HC and/or TH US tech to let them know where you are (it's easier to review studies in person if it's an option)
 - Post your contact number on radres
 - Answer all pages
 - Protocol all UCSD ED & inpatient studies (under "Call" worklist in protocol viewer)
 - Prelim all routine UCSD inpatient and STAT outpatient studies time stamped before 8 pm
 - OP routine studies do NOT need preliminary reports
 - SC resident *must* leave by 10pm
 - Full dictations for HC US cases -> sign to "ER PM" pool in Fluency
 - Generally, SC resident takes HC US cases and the ER PM resident takes TH US cases. This can be changed if appropriate (for example if the short call resident is at TH and ER PM is at HC; see below)
 - VA: Protocol and prelim all VA studies (ED, IP & OP)
 - Cover contrast reactions/extravasations/complications for all CT & MRI scanners at Hillcrest
 - Consent pregnant patients for MR exams (see page 8)
 - If time allows, you can assist the ER PM team by reading STAT ED/IP studies
 - Hand-off pager to Night Float
 - Sign-out any pending VA CT/US that will need preliminary reports
 - NF will take over the above duties from 8pm-11pm
- Thornton short call: Short call can now be taken remotely from Thornton if the following steps are taken:
 - Coverage for contrast reactions must be provided at HC after hours. In order for short call to be taken from TH, a member of the ER PM team (resident, fellow or attending) *MUST* be stationed at HC to cover contrast reactions.
 - Another member of the ER PM team *MUST* be at MCC also to cover contrast (usually the fellow)
 - TH short call must be arranged with the ER PM resident, fellow and attending *prior to* the day of the short call.
 - It is the resident's responsibility to coordinate locations to ensure there is adequate coverage at HC and MCC and to ensure all interested parties can find the resident, attending, and fellow.

3. Night Float (NF) Weekdays: M-Th 8pm - 8am, F 8pm - 7am

- 8pm-11pm: Perform duties described above under “Short Call”
- 11 pm-morning: prelim and protocol all studies (XR, US, CT), contact any techs needing to be called in (sonographers at VA or Th, rarely CT techs at VA if short staffed)
- Neuro MR:
 - STAT ED and STAT inpatient neuro MR must be prelied
 - STAT ED and STAT inpatient neuro MR studies should be protocolled - routine outpatient and inpatient neuro MR studies do not need to be protocolled
 - *All studies can be sent to teleradiology if you are overwhelmed and/or feel uncomfortable reading the study. Also, the Neuro faculty are well aware that given recent changes of overnight resident responsibilities they should be available for any questions overnight.*
- Do not prelim/protocol body or MSK MRI.
 - For all sites, direct all MR questions to the appropriate on-call MR fellow (Body, MSK)
 - On-Call fellows are listed on webpaging.ucsd.edu under the corresponding section
 - The operator should also have the MR fellow's pager/cell.
- Teleradiology is available
 - All UCSD ED abdomen/pelvis CTs are automatically sent to vRad, if the pt is complaining of abdominal pain. These studies must still be prelied by us. Note that vRad studies are read quickly by their radiologists, and you will see that our prelim reads are valued by the ED.
 - Other studies can be sent to vRad for teleradiology reads by the CT techs at the NF resident's request.
 - VA studies can be sent to VA teleradiology by the CT techs at the ordering physician's request (see pg 6 below)
- Attending back-up is available:
 - UCSD on call attendings are also listed in [webpaging](http://webpaging.ucsd.edu) under the corresponding section (Radiology - Chest and Bone, Abdomen, Neuro, etc.).
 - VA operator has the on VA on call attending schedule and pager/phone number
 - BUT, in general, if the ER needs a final read overnight, these studies are usually sent to the VA teleradiology service
 - IF you need to contact faculty overnight, be prepared! Be ready to tell them the patient info (remember those one-liners from intern year?!), why you are calling them, and what you need help with.
- Body faculty NEEDS to be called IF (further explanation on pg 10):
 - There is an ectopic pregnancy AND the OB/GYN team is planning on giving Methotrexate.
 - There must be a faculty-to-faculty conversation between radiology and OB prior to administering Methotrexate.
 - No need to call if they don't plan on giving methotrexate overnight. The OB team should let you know - they also know the rules

- Sonographer in-house coverage: See below

4. Weekend/Holiday Call: There are 3+ residents on call during the day on weekends and Holidays: Body, Chest, Neuro, and occasionally MSK. There will now also be a resident on VA call every weekend and holiday. The body fellows alternate with the residents to cover the body service on the weekends and holidays. Each resident covering UCSD dictates all studies performed at Hillcrest, Thornton and SCVC for/with their respective attendings.

Weekends/holidays 7am - 5pm	
Body	8734
Bone	7867
Chest	7750
Neuro	8788

Section Pagers: Virtual section pagers must be forwarded to your personal pager from 7am-5pm on weekend and holidays for Chest, Body and Neuro

Body Call (7am-5pm): At Hillcrest

- Upon arrival:
 - Forward the body section pager (8734) to your personal pager
 - Send a “test page” to ensure that this was successful
 - Post your 10 digit # on radres under “news and announcements”
 - Ex: Body at (555)-555-5555 7am-5pm
- **Body resident holds the general (5063) pager for the entire day, until 5pm**
- Before leaving:
 - Leave the general pager in the chest reading room for the NF resident
 - Unforward the body section pager
 - Sign out any relevant information (pending studies, protocols, etc) to NF or ER PM
- Contrast coverage for all HC CT & MRI scanners
- Every other weekend currently covered by body fellow

Neuro (7am-5pm): Location at the discretion of the Neuro attending

- During the week prior to your shift: Contact the neuro attending to find out where to read
- Upon arrival:
 - Forward neuro section pager (8788) to your personal pager
 - Send a “test page” to ensure that this was successful
 - Post your 10 digit # on radres under “news and announcements”
 - Ex: Neuro at (555)-555-5555 7am-5pm
- Protocol and dictate all neuro CTs under the on-call neuro attending with formal read-out
 - Touch base with your attending and the VA resident prior to your call regarding who is expected to dictate the VA studies. Some of the neuro faculty prefers to have the UCSD neuro resident dictate these studies so that a readout can be completed in person.
- MRIs: Fellow protocols & dictates all UCSD & VA neuro MRIs.
- Before leaving:
 - Unforward the neuro section pager

- Sign out any relevant information (pending studies, protocols, etc) to NF or ER PM

Chest (7am-6pm): At Thornton/Jacobs

- Upon arrival:
 - Forward chest section pager (7750) to your personal pager
 - Send a “test page” to ensure that this was successful
 - Post your 10 digit # on radres under “news and announcements”
 - Ex: Chest at (555)-555-5555 7am-5pm
- Dictate all UCSD chest studies under the on-call chest attending with formal read-out
- **5pm-6pm:** Operate as short call resident until Night float arrives. **Forward the 5063 (general) pager to self at 5p.** Unforward at 6pm.
- Contrast coverage for all TH CT & MRI scanners
- Before leaving:
 - Unforward the chest section pager
 - Sign out any relevant information (pending studies, protocols, etc) to NF or ER PM

VA (7am-5pm):

- Week before:
 - Please check that your credentials are current and you are able to log in, as it is way more difficult to do so when you arrive for your call day. If you are not able to login, call the VA National Helpdesk after hours at 512.326.6780 or 888.326.6780.
- Upon arrival:
 - Forward VA section pager (****) to your personal pager
 - Send a “test page” to ensure that this was successful
 - Post your 10 digit # on radres under “news and announcements”
 - Ex: Chest at (555)-555-5555 7am-5pm
- Touch base with the VA body and chest attending on call prior to arriving in order to see whether they would like you to dictate or prelim studies.
 - Typically, most body attendings would like the ED and inpatient studies dictated prior to their arrival and then a formal readout will be done in the afternoon.
 - Dr. Stark prefers the chest ED and inpatient studies to be prelimed (not full dictations)
- Touch base with the UCSD neuro attending/resident and UCSD MSK attending/fellow on call to see whether the studies should be dictated by the VA or UCSD resident.
 - You may be asked to prelim the ED and inpatient studies, even if a final dictation is done by the UCSD resident/fellow

ER PM (5pm-11pm): On the weekends & holidays, the ER PM resident **must be located at HC.** On weekdays, the location is at the discretion of ER/PM Attending - contact them prior to your shift (CC the fellow on service with you for any emails to keep them in the loop).

- Upon arrival
 - Post your 10 digit # on radres and what studies you will be reading under “news and announcements”
 - Ex: ER PM Resident (Chest & MSK) at (555)-555-5555 5pm-11pm
ER PM Fellow (Neuro & Body) at (555)-555-5555 5pm-11pm
 - Contact the Th US tech to let them know where you are reading from
- Dictate UCSD ED and STAT IP studies under the ER/PM attending with formal readout
- ER/PM typically takes TH US cases, however this can be changed as needed.

Night Float (Sat/Sun/Holiday) (Sat 6pm-7am) (Sun 6pm-8am): **At Hillcrest**

- Standard NF duties (see below)

FORWARDING PAGES

- Pagers can be forwarded via speed dial on your cell phone
 - Paste the sequence below and replace the bold italics with last 4 digits of the appropriate pager numbers (remove the brackets and DO NOT remove the commas and pound signs).

619290(***last 4 digits of pager TO BE FORWARDED***),0,1234,16,6,290(***last 4 digits of your personal pager***)#,290(***last 4 digits of your personal pager***)#

- Ex TRANSFER NEURO PAGER TO YOURSELF (ex to the general 5063)
 - 619290***8788***,0,1234,16,6,290***5063***#,290***5063***#
- This can be saved under contacts in your phone: ie “ NEURO PAGER TO ME”
- Please **do not forward virtual section pagers to your cellphone.**
 - If, as a last resort, you need to use your cell phone:
 - Ask the operator to "**PAGE COPY**" the virtual pager to your cell. Do NOT ask them to "page forward" as this causes many problems.
 - Text page the virtual pager to make sure that page copy is working.
 - At the end of your shift you can ask the operator to turn off page copy if you no longer want to receive pages.

5. Weekend Day Float:

- Must be able to be at the hospital ***within 1 hour*** of being called
- You may be called in as needed for weekend call shifts, evening shifts, or night float (this one very rarely happens)
- Carry your pager and ensure that the chiefs have your current cell phone number.

6. Teleradiology: <https://access.vrad.com/login.aspx>

- Username: firstname.lastname(lower case)
- **Temporary password: v******* TBD - will let you know

UCSD Hillcrest/Thornton/Jacobs:

- ED CTs of the abdomen & pelvis are automatically sent to teleradiology (vRad)
- Any study (even plain films) from HC/TH can be sent to teleradiology if requested by ordering MD or radiology resident. Call the CT tech to let them know you would like the study sent to vRad.
- If vRad is taking too long to provide a read, if you want to check on the progress of a read, or if you want to discuss a case with their radiologist, you can actually call them yourself. The CT techs can give you the phone number or it can be found on the bottom of any vRad report.
- You each have access to the vRad website to see their prelims. Once dictated, our CT techs will upload them into PACS
- vRad does not read after-hours US studies. However, there is always a Body attending and fellow on call. Call your fellow or attending to look at any study you need-that's why they are there.

VA:

- VA National Teleradiology Program (NTP): A NTP Radiologist will provide final read for every STAT case that is pushed to them after hours.
 - Contact for NTP: 877-780-5559
- To send a study, the ordering physician must indicate in the history section of the order that a STAT attending read is requested.
 - If a study has already been completed and the ordering physician decides that they want an attending-level read, then they must write in their note in CPRS that they are requesting a final read.
- At this time, it is NOT at the resident's discretion to decide which studies are sent. A final read must be asked for by the ordering physician. COMMUNICATE with the ordering physician! (especially if it looks like a very complicated case for which they may end up wanting a final read).
- If a study is sent to tele, then the resident should NOT provide a prelim in the i-box
 - EXCEPTION: STROKE CODES will receive prelim by Resident on call at all times. These will not be sent to NTP. Neurology and Neuro IR will also be evaluating this exam, as usual.
- MRIs are handled by the MRI Fellow on call.
- If you need to call a tech in for one of the indicated reasons and they are giving push back saying it is not in their contract, it is ok to contact Dr. Gentili at any hour. Let the technologist know you will be contacting Dr. Gentili for permission. For example, an MRI for pregnant appendicitis was not listed as an indication for an MR technologist to come it at one time, but is the standard of care. Dr. Gentili was paged and arranged for the MR technologist to come in.

VA Teleradiology Responsibilities / Checklist:

- 1) Ordering Physician Responsibilities:
 - a) Triage which cases require final read.

- b) Place a STAT/URGENT order explicitly stating a 'FINAL READ REQUIRED' on the order request.
 - c) Page Radiology Resident on call to discuss the protocol. Preferably during the conversation, reiterate 'FINAL/ATTENDING READ REQUIRED'.
 - d) Follow-up the automatically generated report entered in Vista/CPRS stating that a read is pending. Follow-up the Final Read in Vista. Contact Teleradiologist with any questions regarding the read at the following contact no: 877-780-5559
 - e) Do not page Radiology Resident on call for read for the above cases, unless there are unusual circumstances (eg: Teleradiology server is down, system malfunction etc).
- 2) On call Radiology Resident Responsibilities ("P-E-C"):**
- a) **Protocol** the study with ordering physician and then inform the CT / US tech.
 - b) **Ensure** that if 'FINAL READ REQUIRED', it needs to be explicitly stated on the order Request (or written in a note in CPRS if the study is already completed).
 - c) **Communicate** with CT/US tech that if 'FINAL READ REQUIRED' is stated on the order request, they must push the study to NTP as soon as it is completed.
- 3) CT / Ultrasound Technologist Responsibilities:**
- a) Discuss Protocol for exam with Radiology Resident on call.
 - b) When the STAT/URGENT order request states and/or Radiology resident tells them that a 'FINAL READ (is) REQUIRED', then push the study to NTP – as soon as the exam is completed.
 - c) Ensure receipt of the exam by NTP.
 - d) Since the above will change the status of the study on PACS such that it will fall off the NEW exam list, Radiology Resident will not have to bother any further. Additionally, if possible, write 'Exam pushed to NTP' in the I-BOX on PACS, as this will help in situations where exam takes time to fall of the "NEW" list.
 - e) Be aware of contact information for NTP. Help ER contacting NTP, if required.

7. Other Information:

- **Attending on call/who am I reading out with this weekend:**
You can find the attending on call through Web Paging. Just go to the on-call tabs on the left of the screen and look for Radiology - Chest, Abdomen, Neuro, etc. This is the way to find the attending on call overnight as well as to determine who will be on during the day on weekends and holidays.
- **CT Protocols:**
 - All UH and TH patients are done on Protocol Viewer (just like a standard workday)
 - VA: the ordering physician should page/call you with a request for a study. After discussing it with them, you page/call the VA CT tech (x1189) to protocol the study. Or, frequently, the tech will just call you with the protocol request. You can get VPN access to CPRS. However, it automatically locks out and the tech will have the labs quicker.
 - Sometimes it may be hard to reach the CT tech. Call the front desk of Radiology

(x3452) and they can help locate the tech. Also, sometimes they carry a phone -- you can ask for the portable phone number at the beginning of your shift.

- **Renal Failure, Contrast Reactions:**

Tons of info on the website, the most relevant is under Body CT: UCSD Radiology Department Contrast Media Guidelines & Attachment. Lots of good info.

- **CT in pregnancy:**

On radres under Body section in the Protocols document, Appendix on imaging pregnant patients. Advisable to page and notify the relevant attending on call before any CTs are done on pregnant patients (most often PE protocols). Similar to the daytime, attendings must be notified of CT A/P on pregnant patients.

- **MRI in pregnancy**

We have an MRI protocol for evaluation of appendicitis in pregnant women. This is typically protocolled by MRI fellow on call, but since the MRI fellow is not in-house, the short call resident (5-8pm) or night float (8pm-8am) will be responsible for getting consent from the patient. Typically this involves walking to the MRI scanner when the MRI tech pages you or sometimes the ER depending on where the patient is and going over the written consent form with the patient. Usually this does not take more than 5 minutes. You can say something like "MR does not use radiation and has no known adverse affects on the fetus. We believe it is safe but because there are no large clinical trials, we need to have you to sign this consent. Do you have any questions?" We never use gadolinium for pregnant appys so no need to discuss that. MRI fellow will be responsible for monitoring the scan as well as giving a prelim report.

8. A few selected anxiety-provoking situations:

- **Graft Patency Check US** - From Dr O'Boyle:

The arterial study is actually pretty simple and all of our sonographers should be able to perform it after-hours. If a sonographer feels unable to perform the study, have them call Susana Carmona directly for guidance. Typically grafts are assessed by our vascular staff during normal hours but a quick patency check can be performed with a little guidance.

- **CT Stroke Codes:**

-Stroke Code page will alert radiology residents, CT and MR Technologists
-Stroke Code team will accompany patient to CT; the Stroke Code Leader will identify him/herself to the Technologists and the team understands that other residents/students will be expected to stay clear of the console/scanning area.
-After the non-con head CT, the Stroke Code Leader will do a brief exam of the patient in CT. This allows them to determine:

- If a CTA is needed (this is part of the default order set- it is at the discretion of the Stroke Code Leader)
- If MRI is needed (screening the patient, calling MR for availability, and placing the order)

Stroke code with Perfusion

-From Hesselink: There are very few CT perfusions, and nearly all are on patients with stroke code or to rule out vasospasm after SAH. Since the Neuro IR fellows should be in the loop for possible intervention in both of these cases anyway, I think they should be looking at these studies. Before paging the Neuro IR fellow, the on-call resident can help us by checking to make sure the CT perfusion has been processed by the CT techs. All the techs have been trained to do the processing. If the color pictures with the TTP, MTT, CBV & CBF are not on PACS, call the CT tech and tell them to process the images and to page the Neuro IR fellow after they send the processed images to PACS. The on-call resident will still be looking at the CT images to rule out hemorrhage or stroke. The CT/CTA/CTP protocol is specifically for "Stroke Codes" called by one of the Stroke Neurologists. Although Stroke Neurology calls the "Stroke Code", it appears that the order may come from the ED. What we want to avoid (& watch for) is the ED triage nurse ordering Stroke Code CTs on every ED patient with a twitch. If the resident feels the ED request is not warranted, it is reasonable to ask the ED, "Has Neurology called a Stroke Code?" Often, the Stroke Neurology fellow/faculty goes with the patient to CT. The CT Techs are instructed to do CT/CTA/CTP on all Stroke Codes. After reviewing the noncontrast CT, the stroke MD decides whether or not the patient enters one of their stroke protocols. If yes, then they often cancel the CTA/CTP because Neurointervention is not part of the protocol. If no, then they usually proceed with the CTA/CTP to assess for possible intervention. In case of hemorrhage, either the stroke MD or radiologist can modify the protocol. In most cases the scan can stop, unless the pattern of hemorrhage suggests an aneurysm or AVM, in which case then the CTA may be needed but not the CTP.—

So...

For a full stroke code (CT/CTA/CTP), the Neuro IR fellow is paged as the stroke code is called--you can page them if you have questions regarding the exam. In general, we have provided prelims for the noncon CT head and the CTA, but not the perfusion portion (if performed). The CT techs have all been trained how to perform the perfusion portion of the exam, and it is their responsibility! If an afterhours "final" read is desired, (beyond the Neuro IR fellow prelim) these studies can be sent to Nighthawk, but the Nighthawk will not provide interpretation on the perfusion portion (if performed).

- **Ectopics:**

From Dr. O'Boyle:

—Several years ago after legal cases that ensued regarding inappropriate treatment of pregnancies with Methotrexate, a task force was formed with OB/GYN, Body Imaging and Pharmacy. This task force was authorized by UCSD Risk Management. **Any suspected ectopic pregnancy that may be treated with Methotrexate must first have the ATTENDING OB/GYN who is managing the case and the BODY IMAGING ATTENDING of the day (in house or on call if after hours) review the case together before MTX is administered.** So if you are on call or an evening or night shift, these cases need to involve the BODY IMAGING attending and not the fellow or the attending that is covering if they are not BODY. This is to protect the patient and the fetus as well as to medicolegally protect our residents and faculty.

Please contact me if you have any questions. If you are on with staff that do not understand this or are questioning this, please feel free to page me.

So...

if you are concerned for ectopic, give your ibox prelim and notify the ordering MD, just like any other critical finding. Most of the time, there will be no need to page the overnight Body Attending or involve anyone else. However, if the ordering team is planning methotrexate therapy, or demands a "final read" on these cases prior to the OR, refer to above. Again, all of this information is on the website (pagers, cell phones, schedules, etc.)! When in doubt, check there first.

- **Emergent Body MR**

The resident on overnight is the first contact for all requests for emergent body MRs.

The ONLY Body MR's for which a tech will be called in overnight are to assess for appendicitis in pregnant patients. All other indications can wait until the next morning.

The residents are responsible for fielding inquiries for body MR's, protocoling the appy protocol studies, consenting the patient, and contacting the fellow so they are aware of the study. The fellow is responsible for all prelims.

9. If you have a problem with...

- **VA PACS:**

- Per Dr. Gentili: "Solving problem at night is a nightmare, as congress separated IT from VHA and did not authorize on-call pay for IT. If it is a hardware problem or a UCSD side network connection, UCSD PACS team is responsible, otherwise the VA help desk is responsible. If it is a VA network problem, the Help Desk should be able to fix it remotely, if it is a PACS problem the help desk should call AGFA. If the problem can not be fixed remotely by either Agfa or Help Desk, Mike Olds has been nice enough to fix it, if he is in town, but he is not responsible or paid to fix PACS problems after hours."
- IT help desk 877-998-2633 or 800-921-9278. If they cannot help you can call

the 24 hour service phone number for AGFA 877-777-2432.

- Local contact for VA PACS: Phil Revilee (c: 858-642-1048)
- If you can't log in and all else fails: if another resident logs in for you, you **MUST** put your identifier (first initial of first name and all of your last name) at the start of each prelim (you must identify yourself for all of your prelims). Know that this is technically illegal, and should only be avoided if at all possible.

- **UCSD HC/TH PACS:**

Call the PACS on-call x 10244 (619-471-0244) or p3936 (619-290-3936)

- **US Tech (VA):**

- As of now, if the VA ER wants an ultrasound, we are expected to call in the on-call sonographer (even for DVT studies). However, if you feel a CT may be warranted in a certain situation and can adequately assess their clinical concern, try discussing it with the ordering physician first. Often times, the CT will get done quicker anyways. A good example of this is to "rule out cholecystitis" (the diagnosis can be made with CT or US, though US is more sensitive for gallstones-- however, a positive CT will likely negate the need to call in the US tech overnight).
- The VA always has someone on call and their online schedule is on the radres website under "On Call".
- If the sonographer does not respond, this is a serious issue and Dr. Gentili needs to be informed. Communicate with the ER and try to find someone else to come in.
- Regarding possible early morning difficulties, (extremely rare): Currently there is no coverage from 6-7:30 a.m. (Monday-Friday - according to the VA US schedule), at which time the morning sonographers arrive. If requested after 6 am on one of these days, the US study will have to wait until the daytime staff arrives.

- **US Tech (UH/TH):**

- HC and Thornton both now have 24h ultrasound tech coverage.
- HC: The tech is usually running around (doing FAST scans or inpatient exams) but can frequently be reached at 3-2620. If you can't reach them, try paging H/C sonographer from webpaging.
- TH: The tech may be running around but can frequently be reached at 7-6661, 7-6662, or 7-6663. If you can't reach them, try paging.

- **VA attending coverage (on the extremely rare occasion you need to reach a VA attending if someone demands a "final" read prior to emergent trip to the OR,**

etc.):

Chest: Contact Dr. Sweeney via his VA pager (which the VA operator has) (this may be updated shortly, as he is currently in hospital). If he cannot be reached via pager please call him at home (which the VA operator also has). This info is at the request of Dr. Sweeney.

Body: TBD

- *When in doubt, advise the ordering MD to send it out to Telerad!*

- **Neuro IR on-call**

There have been some recent issues of clinicians being unable to contact or even determine who is the Neuro IR person on call after hours. If they are unable to get any information from Web Paging or the operator (or if it just lists the rads resident call pager), then Dr. Alexander Khalessi should be paged. If that is still unsuccessful, then please page the chief pager/call Chief cell phones.

10. Calling the VA from HC

- Option 1: Use the 858-552-8585 to reach the main line. Hit "Tone Sender" on the phone below the LCD display to activate touch tones. Dial the 4 digit extension.
- Option 2 (less reliable): If the four digit extension is 1189 (as it is for CT), you can often reach them by the direct phone number 858-642-1189. Not every extension will let you do this.
- When in doubt, the VA operator's extension is '0' after calling 858-552-8585. Also, the UCSD operator can help you out.

11. Conclusion

The RadRes website is a great resource and you can often find the answers to many questions within the site or links! The UH and VA operators often have contact pagers and cell numbers if needed. You can always page the Chief pager (p0309) if you have any problems!

Check the radres website!