

VA SAN DIEGO HEALTHCARE SYSTEM

RADIOLOGY SERVICE

RESIDENT HANDOUT

VA San Diego Computer Systems

Windows Login

- User name = "vhasdc" + "first 5 of last name" + "first letter of first name".
- Temporary password = "SD" + "first and last initial" + "last four of social". *You will be prompted to enter a new password after your first login.
- Domain = "vha22"

*The new password you create must contain at least 8 characters, have 3 of the 4 characteristics listed here:

UPPER CASE LETTERS; lower case letters; numbers (1 2 3 etc) or special Characters (! @ # \$ %, etc), and cannot contain any form of your name or username.

VistA and CPRS Login

- Access code: Will be the one you supplied. If it was left blank the default was used ("SD" + "first and last initial" + "last four of social").
- Temporary verify code: sandiego.1 Your new verify code must be alpha-numeric, use a mix of upper and lower-case and contain a special character. For simplicity you can make it the same as your Windows Password.

Impax and Talk Login

- User ID = same as your "Windows Login" ("vhasdc" + "first 5 of last name" + "first letter of first name".)
- Password = your first name.

Note: Your password must be the same for Impax and Talk.

When Dictating Reports in Talk:

- You **must** have an "impression" text, be sure the "I" is capitalized and it is followed by a colon ":".
- You **must** have a "body" text before the impression text.

Findings:

See impression.

IMPRESSION: or Impression:

Normal leg.

Contact Info:

For PACS related problems (Impax or Talk):

Peter Gallardo Office: (858) 552-8585 x3286

Michael Olds Office: (858) 552-8585 x7576
Cell: (858) 347-1437

For Windows password or VistA / CPRS verify code problems:

Help Desk (858) 552-8585 x4767

VA VPN Access - Jesse Christmas (858) 552-8585 x7802

Instructions for using iMedConsent

1. Log into CPRS using your Access and Verify Codes. After CPRS starts, find patient using Last initial of Last Name and Last 4 of SSN or type in last name.
2. After choosing patient, go to “Tools” menu at top of screen, choose “iMedConsent” from drop down list of choices.
3. After choosing iMedConsent, you will be prompted to enter your Access Verify codes once again.
4. Choose “Radiology, Diagnostic” from the list of choices, then choose “Consents – Basic” from the two choices.
5. From the three choices in the right hand box, either double click on “CAT Scan w/Contrast Medium” or click once and choose “Begin Consent”
6. Verification Page – Make appropriate choice and choose “Next”
7. Anatomical Location and Side – Type location of treatment and choose “Next”
8. Practitioner Obtaining Consent – Choose Resident under” Practitioner Obtaining Consent” and choose Staff under Supervising Practitioner.
9. Performing/Supervising Practitioner – choose Practitioner supervising if not listed on previous page. At this point choose “Finish”
10. Reminders – Click “ok” after reading reminders
11. Read documents and click sign button located on right of screen.
12. Resident signs 1st, Patient signs 2nd and Witness signs 3rd.
13. Now click save to chart button located right of screen.

CT and Angio

1. Print your name and sign all CT protocols.
2. Fill out the protocol page clearly and completely. There are boxes to check off for a reason, please use them.
3. Be up to date on protocols for the VA. The University may do it a certain way but this is the VA. Do it our way.
4. CT techs do not poke any tube in any part of a patient's body. Ever. No rectal tipping, foley cath placement, stoma cathing etc. A radiologist must place said lines and be present when pushing contrast or H2O thru these tubes or when using gravity drip for filling. The exception is after 1700 when the rad is gone. Then it becomes the responsibility of the ordering MD with radiologist guidance.
5. Be sure the protocol is really what you want. If you aren't sure, check with your staff. Once we receive the protocol, we will scan that patient as soon as we can. Changing the protocol after the study is completed is not only problematic but embarrassing for the department and all involved.
6. Only a staff radiologist can make changes to any protocol.
7. Know that while the techs will try to catch errors in protocols, they are busy and trust that the radiologist has protocolled the study correctly, since they have after all, read the request, seen the labs, and have called the requesting MD if there are any questions not covered in the history.

Reporting Imaging Test Results Policy MCM 114-01



Adobe Acrobat
Document

PROTOCOLING ORDERS

1. ED, Inpatient, and STAT requests **MUST** be protocolled immediately upon receipt. They are **NOT** to be placed in the box or kept to protocol at a later time. The Schedulers have been instructed not to place the paperwork in the box or to leave it, so please don't ask them to. Failure to protocol ED, Inpatient, and STAT requests delays patient care and any incident of non-compliance will be reported to Chief Radiology Service.
2. All other requests will be placed in the box to be protocolled. All orders are to be protocolled **prior to leaving each day**. The Chief of Service will be notified of any orders not protocolled and left to the next day or left for the incoming Resident. Do today's work today!
3. Prior to making any change to an ordered procedure and/or canceling of an order, you are required to contact and discuss it with the ordering provider.

ON-CALL HOURS

RESPONSIBILITIES:

During off hours, routine diagnostic examinations are performed by the technologist on duty.

All special examinations, including angiography, CT, GI/GU, MRI, and ultrasound, must be approved by the on-call resident and/or staff physician. Provisions are in place for on-call technologists to report to VASDHS to perform any of the needed procedures. It is the approving radiologist's responsibility to contact the designated on call technologist for each modality. After approval by the appropriate Radiologist, orders for examinations must be entered into VistA by the requesting provider.

The indications for emergent after hours CT, MRI, and Ultrasound examinations and the procedure for obtaining approval are as follows:

ULTRASOUND:

a. Normal Operational Hours, location, and extension: Monday through Friday: 7:30 AM to 6:00 PM, room 1808A, extension 7847.

b. **After hour Ultrasound requests MUST be coordinated through the Radiology on-call resident (pager 619-290-5063).**

On-call Hours:

(1) **Saturday and Sunday: 8:00 AM to 6:00 PM**

(2) **Specific indication for on-call ultrasound is a high likelihood of:**

- Carotid ultrasound for stroke code to be ordered by the Stroke Code Fellow/Attending only
- Carotid ultrasound for acute TIA symptoms to be ordered by the on-call Neurology Attending only
- Post –procedural pseudo-aneurysm
- Biliary tract disease (CT scan to be performed first)
- Tubo-ovarian abscess

(3) **Specific indication for emergent ultrasound (6:00 PM to 8:00 AM need external services consult) is a high likelihood of:**

- Testicular torsion
- Ovarian torsion
- Ectopic pregnancy
- DVT (Emergent US for DVT will only be done when D-dimer assay is above 0.62 ug FEU/ml; exceptions require consultation between patient's attending physician and radiology attending if there is a contraindication to initiation of anticoagulation therapy).

MRI: After hour MRI requests MUST be coordinated through the on call MRI fellow. The MRI fellow may be reached through the UCSD operator 619-543-6222.

- a. Normal Operational Hours:
- (1) Monday, Tuesday, and Friday – 6:00 AM to 10:00 PM
Wednesday and Thursday – 6:00 AM to 8:00 PM, (down for maintenance 2nd and 4th Thursday of each month from 5:00 PM - 9:00 PM)
 - (2) Saturday - 1:30 PM to 10:00 PM
 - (3) Sunday – 7:00 AM to 3:30 PM
- b. **Specific indication for emergent MRI (requires an external services consult) is a high likelihood of:**
- Cord compression (cauda equina syndrome)
 - Epidural abscess
 - Posterior circulation stroke

CT SCAN: After hour CT requests MUST be coordinated through the Radiology on-call resident (pager 619-290-5063).

- a. **Normal Operational Hours: Monday through Friday: 7:30 AM to 11 PM**
- b. **On-call hours:**
Weekday: 11:00 PM to 7:30 AM
Weekend: Friday 11:00 PM through Monday 7:30 AM. There is usually a contract technologist on site Saturday and Sunday from 8:00 AM to 4:00 PM for scheduled outpatients, and emergent add-ons. Contact ext. 1189, 7796, or pager 347-2135. If unable to reach, call the on call tech.
- c. Emergent CT pulmonary angiography to R/O PE will only be done when D-dimer assay is above 0.62 ug FEU/ml; exceptions require consultation between the patient's attending physician and the radiology attending physician.
- d. When calling tech, know patients name, SS#, location, labs and allergies. Do not use generalities, e.g., "the guy in ED". There is typically more than one patient in the ED.
- e. Only the radiologist can contact the on call technologist. Not providing this information will delay the tech in coming in as they will take time to confirm with you, the name of the radiologist.
- f. When paging, include **ENTIRE** call back number. 4 digits out of 10 are not enough.
- g. Identify yourself. We may have 14 Jims and we don't always recognize your cheerful voice at 2:30 AM.
- h. There is a Contract CT tech in house on Saturday and Sunday from 8:00 AM – 4:00 PM and they do inpatient and urgent cases. Their pager number is 347-2135.
- i. The graveyard diagnostic tech, Sandra, has been cross-trained in CT to perform emergency exams Sunday-Thursday from Midnight to 5:00 AM.

j. The PM CT tech carries a pager between 3:30 PM – 11:00 PM, Monday-Friday. Pager number is 347-2135.

k. The VA operator receives a copy of the call schedule every month. It contains home numbers also, in case the tech cannot be reached by pager. Don't let the operator tell you they don't have it because it is hand-carried down every month.

RSNA

Resident may apply for a free RSNA MEMBERSHIP. Access <http://www.rsna.org/> to learn more about RSNA. Note: You will need to get a signature from a program director (i.e., Donald Resnick, MD; Paul Stark, MD, etc.).

Membership applications are available from RSNA, 820 Jorie Blvd, Oak Brook, IL 60523-1860. For further information, contact the Membership Department at (877) RSNA-MEM or outside of U.S. & Canada (630) 571-7873 or send e-mail to membership@rsna.org.