
STANDARD OPERATING PROCEDURE B
Patient of childbearing age

From IRMER Regulations 2.1 c: Procedure for Establishing Patient Pregnancy Status Prior to Radiological Examination within Radiology

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irradiating operator checks the pregnancy status, the referrer may be contacted for clarification.

- The operator undertaking the x-ray exposure will be responsible for checking the pregnancy status of each individual with the capacity to bear children who are of childbearing age as they present for examination of the abdominal / pelvic area*. NB - In any situation the final responsibility for checking that the risk of pregnancy has been eliminated rests with the operator making the exposure. In all cases the operator questioning the patient about the likelihood of pregnancy must ensure that, whilst this process is being undertaken, the patient's privacy and dignity is maintained at all times.

4.1 Procedure if the patient is under 18

Individuals with the capacity to bear children between 16 – 18 years are considered capable of giving or withholding consent (i.e. capacity to understand hazards etc.). The decision whether to proceed is based on asking the patient about the possibility of pregnancy. Procedure - follow the adult procedure (see 4.2). and flowchart (Appendix 1).

Individuals with the capacity to bear children under 16 years – the decision as to whether to undertake the requested examination is based on the date of the last menstrual period i.e. LMP.

Procedure - ask if the child has started having menstrual periods, and if the answer is:

- NO – proceed with the examination.
- YES – ask for Last Menstrual Period date.
 - If within 28 days for low dose procedures (see definition), proceed with the examination, otherwise re-schedule to within 28 days of next cycle.
 - If within 10 days for high dose procedures, proceed with the examination, otherwise re-schedule to within 10 days of next cycle.

The irradiating operator writes the LMP in the 'Radiographer Comments' section of the request form and is also recorded on RIS IE RADIS or CRIS (see Appendix 2 Procedure Flow Chart).

NB: if a child (under 16) is found to be pregnant, the radiographer who is responsible for this operator function must contact Team Lead Radiographer or professional head of Radiography in their absence regarding advice from Child Protection services (See Health Board Policy on Child Protection).

4.2 Adults – 18 years and above

The decision as to whether to undertake the requested examination is based on asking the patient about the possibility of pregnancy.

Procedure – The operator should ask the patient the following question: “Are you, or might you be, pregnant?”

Where the answer is a definite ‘no’ and the possibility is excluded, then proceed with the examination.

The patient & irradiating operator signs the appropriate part of the request form to indicate that the possibility of pregnancy has been excluded (and noted on RADIS – by “Preg.Exc”).

If pregnancy cannot be excluded then take the following action:

Low dose examination* (see Section 5 for definition):

- Ascertain the onset date of the last menstrual period (LMP).
- If within 28 days – proceed with examination.
- If overdue – reschedule the examination to within 28 days of the onset of the next menstrual period.

High dose examination* (see Section 5 for definition):

- If within 10 days of the onset of the last menstrual period then proceed with the examination.
- If more than 10 days following the last period, reschedule the examination to the first 10 days of their next cycle.

4.3 Variance – Operating Theatres

The nurse completing the pre-anaesthetic checklist is responsible for checking pregnancy status as stated on the form. If there is a possibility of pregnancy, it is their responsibility for contacting the theatre team, prior to the patient leaving the ward, for advice. (If pregnancy is suspected then the patient should not leave the ward without advice from the theatre team).

The theatre team (practitioner & operator) effecting the exposure in the operating theatre is responsible for ensuring that they have:

- checked the pre anaesthetic checklist for completion of relevant areas.
- countersigned to say that they have checked the pre anaesthetic check list and that the patient is not pregnant (using the information given on the form, a copy if scanned and saved onto RIS IE RADIS or CRIS).

NOTE: Patients with the capacity to bear children arriving for operative procedures, already anaesthetised, without completed pregnancy checks, will constitute both a clinical incident & radiation incident, and the attending IR(ME)R practitioner & surgeon should discuss as to how to proceed in this scenario.

If pregnancy cannot be excluded at this late stage then the overriding principle will be patient safety whilst under anaesthetic, and if a decision is made to proceed with the exposure, then this should be recorded in the patient’s notes & on RIS IE RADIS or CRIS. Should the patient subsequently be found to be pregnant at the time of exposure a foetal dose estimation should be performed and the surgeon should notify the patient of this fact. Completing a

Datix form and notifying the Theatre Radiation Protection Supervisor is mandatory in this scenario.

5. Exceptional Circumstances

5.1 When pregnancy cannot be excluded (NON EMERGENCY)

In instances when pregnancy cannot be excluded e.g. the patient has an irregular menstrual cycle, the examination will not be able to proceed until negative pregnancy status has been confirmed. In such circumstances, a Health Board recommended pregnancy test will be utilised. The test will be conducted on the day of the proposed examination and the results will be interpreted by an individual who is deemed competent by PTHB (e.g. radiologist or radiographer,). In interpreting the results of the pregnancy test, this individual becomes the operator responsible for ascertaining pregnancy status.

5.2 When pregnancy cannot be excluded (EMERGENCY)

If it is known that the patient is pregnant, the examination must not proceed until the urgency of the clinical circumstances have been taken into consideration. This may require further discussion with the referrer. It remains the responsibility of the practitioner in making the decision to justify or delay the examination.

If the patient has mental impairment or is unconscious in an emergency situation and pregnancy cannot be excluded the Practitioner must consider the risk/benefit situation of the presenting clinical circumstances in reaching their decision to justify and proceed with the examination.

Unless the urgency of medical treatment dictates otherwise the Practitioner must delay the radiographic examinations of the abdomen or pelvis until the pregnancy status is established as being negative. The practitioner must inform the referrer of their decision and make arrangements for conducting the examination at a later date, if still appropriate.

If the examination of the pelvis or abdomen has to proceed it can only be justified by the practitioner, i.e. the radiographer or radiologist who makes the ultimate decision to proceed with the examination. The responsibility cannot be transferred to the referring clinician.

Documentation of the practitioner and operator discussion must be completed on the request form and Radis. In addition, LMP where available and radiation dose details must also be recorded on Radis.

6. Definitions and Abbreviations

For definitions of referrer, practitioner and operator refer to the Ionising Radiation (Medical Exposure) Regulations. The Ionising Radiation (Medical Exposure) Regulations 2017 (legislation.gov.uk)

Abdominal / Pelvic irradiation – is any examination which would cause direct irradiation of the pelvic area or abdomen by primary or secondary radiation. This is generally considered to be between mid-thigh to diaphragm. This includes: conventional radiography; fluoroscopic examinations; CT and all Nuclear Medicine Examinations.

High Dose examinations:

- CT Abdomen; (Not upper abdomen or Thorax/Upper Abdomen.
- CT Abdomen & Pelvis
- CT Lumbar Spine,

Low Dose examination – all other examinations.

“Irradiating Operator” - an entitled PTHB employee who finally initiates the exposure by: operating X-ray equipment by whatever means so that an X-ray tube is energised In fluoroscopy – where a Radiologist initiates the exposure – the radiographer in charge of the list is responsible for ensuring that pregnancy has been excluded – however the Radiologist must confirm this prior to exposure.

7. Enforcement

Breaches in procedure should be reported to the Team Lead Radiographer and in their absence to the Professional Head of Radiography Failure to comply with this procedure will lead to investigation by the Health Board, which may result in disciplinary action being taken.

8. Enquiries

Any enquiries regarding the operation of this procedure should be made to the Professional Head of Radiography

9. References

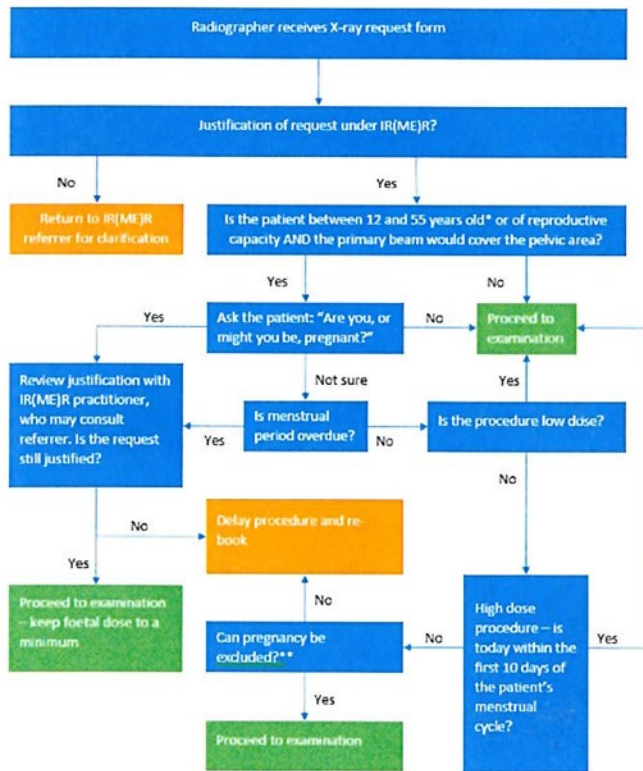
CoR 1995. The implications for radiographers of the Children Act 1989. College of Radiographers. <https://www.rcpch.ac.uk/resources/pre-procedure-pregnancy-checking-under-16s-guidance-clinicians>

CoR 2005. The child and the law: the roles and responsibilities of the radiographer. College of Radiographers.

HPA 2009. Protection of pregnant patients during diagnostic medical exposures to ionising radiation. Advice from the Health Protection Agency, the Royal College of Radiologists and the College of Radiographers. Documents of the Health Protection Agency, Radiation, chemical and Environmental Hazards RCE-9.

Appendix 1 – Flow Chart for Establishing Pregnancy Status

R022 Pregnancy Flowchart



*age range by local agreement and reviewed regularly

** record patient response in line with employer's procedure

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