

# CTA STAT POLICY

## Active bleeding/penetrating trauma/aortic dissection:

- Techs are instructed to make exam new and not send to 3D lab.
- Final or prelim report must be provided by Radiologist and exam **not sent to vRad**.
- Complete documentation of phone call by Radiologist if prelim is chosen.
- This category includes CTA performed for active GI bleed.
- CTA neck for penetrating trauma needs an immediate prelim, but will still be sent to 3D lab. CTA neck for dissection is discussed below.

## Sentara stroke alert:

- Tech will initiate protocol for prelim by neuro-interventional team. Does not require stat reading from HRRA.
- After hours it is advised to ensure it was a true stroke alert and has the prelim reading (Drs. Lanier, Agola or neurosurgeon note could be in PACS or EPIC). If not, see below.

## Other Stat CTA exams

- Includes Bon Secours stroke alert, CTA neck for dissection, runoff for claudication, etc.
- Tech will send to 3DR and make new after images are returned (Bon Secours stroke alert will get prelim prior to 3DR).
- **M-F 5PM-9PM** - Provide prelim report and phone ordering provider, document.
- **M-F 9PM-7AM** - Study can be sent to vRad for prelim. Tech may call to confirm. Radiologist discretion to provide prelim rather than sending to vRad.
- **Sat-Sun 7AM-10/11AM** - Provide prelim report and phone ordering provider, document.
- **Sat-Sun 630PM-7PM** - Provide prelim report and phone ordering provider, document.
- **Sat-Sun 7PM-7AM** - Study can be sent to vRad for prelim. Tech may call to confirm. Radiologist discretion to provide prelim rather than sending to vRad.
- Other times there is dedicated Neuro-Radiologist working who will read.