

Radiologist Assistant – Practice Specific Document

Part I: Clinical Activities and Supervision Definitions

Clinical Activities which may be performed:

1. Reviewing the patient's medical record to verify the appropriateness of a specific exam or procedure.
2. Interviewing the patient to obtain, verify, and update medical history.
3. Explaining the procedure to the patient, significant others or other care providers including a description of risks, benefits, alternatives, and follow-up.
4. Obtain informed consent. Patient must be able to communicate with the radiologist if he/she requests or if any questions arise that cannot be appropriately answered by the radiologist assistant.
5. Determining patient compliance, if needed, with pre-examination preparation instructions (e.g., diet, medications).
6. Assessing risk factors that may contraindicate the procedure (e.g., health history, medications, pregnancy, psychological indicators, and alternative medicines).
7. Obtaining and evaluating vital signs.
8. Performing physical examinations and analysis of data (e.g., signs and symptoms, laboratory values, and significant abnormalities) and reporting findings to the supervising radiologist.
9. Reviewing electrocardiogram (ECG) and recognizing life-threatening abnormalities.
10. Performing urinary catheterization.
11. Performing venipuncture.
12. Monitoring IV therapy for flow rate and complications.
13. Positioning the patient to perform the required procedure, using immobilization devices and modifying technique as necessary and in compliance with any regulations, policies, or standards.
14. Observing and assessing the patient who has received conscious sedation under the direct or personal supervision of the radiologist and according to institutional policy.

15. Assessing the patient's level of anxiety or pain and informing radiologist as appropriate.
16. Recognizing and responding to medical emergencies (e.g., drug reactions, cardiac arrest and hypoglycemia), activating emergency response systems, and notifying appropriate personnel.
17. Administering oxygen as prescribed.
18. Operating a fluoroscopic unit.
19. Documenting fluoroscopy time.
20. Explaining the effects and potential adverse effects to the patient of the pharmaceutical required for the examination.
21. Administering contrast media as prescribed by the radiologist.
22. Administer other non narcotic medications ordered by the radiologist or patient's clinical doctor but only under the direct or personal supervision of a licensed Radiologist. (e.g. antibiotics, anticoagulant therapy, anti emetics, etc)
23. Monitoring the patient for adverse effects of the pharmaceutical.
24. Reviewing imaging procedures, making initial observations, and communicating imaging and clinical observations only to the radiologist.
25. Recording previously communicated initial observations of imaging procedures according to protocols.
26. Communicating the radiologist's report to the referring physician consistent with American College of Radiology Communication Guideline.
27. Providing physician-prescribed post procedure care instructions to patients.
28. Performing follow-up patient evaluation and communicating findings to the radiologist.
29. Documenting the procedure in the appropriate record and noting exceptions from protocol or procedure.
30. Providing patient discharge summary for review and co-signature by the radiologist.
31. Participating in quality improvement activities within the radiology practice (e.g. quality of care, patient flow, reject-repeat analysis, patient satisfaction).
32. Assisting with data collection and review for clinical trials or other research.

Definition of Levels of Supervision:

1. *General Supervision* means the procedure is furnished under the radiologist's overall direction and control, but the radiologist's presence is not required during the performance of the procedure.

2. *Direct Supervision* means the radiologist must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. The radiologist is not required to be present in the room when the procedure is performed.

3. *Personal Supervision* means the radiologist must be in attendance in the room during the performance of the procedure.

Radiologist Assistant – Practice Specific Document - Part II: Procedures

For each procedure the RA intends to perform, list the number of documented procedures already performed by the RA in the last five (5) years. Indicate the level of supervision requested (**General, Direct, or Personal**). **All invasive procedures require a minimum of direct supervision.**

Procedures to be Performed	Documented Cases Performed	Supervision Requested Gen, Dir, Per	Supervision Granted Gen, Dir, Per
<p>1. Non Invasive Imaging Procedures - Perform non-invasive imaging procedures under the supervision of a licensed radiologist.</p> <p>A. Gastrointestinal studies –</p> <ol style="list-style-type: none"> 1. Contrast Enemas (single & double contrast) 2. Upper GI series 3. Small Bowel Series 4. Barium Swallowing Studies 5. Esophagram 6. Sinus Tract Fistulagram 7. Nasogastric tube placement & repositioning. <p>B. Urogenital Studies</p> <ol style="list-style-type: none"> 1. Cystography 2. Nephrostogram 3. Voiding Cystourethrogram 4. Loopogram 5. Intravenous urography <p>C. Biliary system</p> <ol style="list-style-type: none"> 1. T-tube cholangiogram 	<p>A.-----</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ <p>B.-----</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ <p>C. -----</p> <ol style="list-style-type: none"> 1. _____ 	<p>A.-----</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ <p>B.-----</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ <p>C. -----</p> <ol style="list-style-type: none"> 1. _____ 	<p>A.-----</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ <p>B.-----</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ <p>C.-----</p> <ol style="list-style-type: none"> 1. _____

For each procedure the RA intends to perform, list the number of documented procedures already performed by the RA in the last five (5) years. Indicate the level of supervision requested (**General, Direct, or Personal**). **All invasive procedures require a minimum of direct supervision.**

Procedures to be Performed	Documented Cases Performed	Supervision Requested Dir or Per	Supervision Granted Dir or Per
<p>2. Invasive Imaging Procedures - Perform invasive imaging procedures under the supervision of a licensed radiologist. .</p> <p>A. Venous Access - Placement 1. PICC placement 2. Non-Tunneled Central Venous Access 3. Tunneled Central Venous Access 4. Venous Port Placement</p> <p>B. Venous Access – Removal 1. PICC line removal 2. Non-Tunneled CVL removal 3. Tunneled CVL removal 4. Venous Port Removal</p> <p>C. Fluid Aspiration Procedures – 1. Paracentesis 2. Thoracentesis 3. Superficial Fluid collections 4. Abscess tube placement 5. Pleural Drain placement</p> <p>D. Angiography 1. Basic Femoral Venous non-selective Sheath Placement 2. Basic Femoral Arterial non-selective Sheath Placement 3. Perform non selective aorto-iliac arteriography 4. Perform non selective Venography 5. Assist Radiologist with Arterial/Venous interventional Procedures (e.g. selective catheterization, percutaneous angioplasty, vascular stent placement, etc.)</p>	<p>A.----- 1. _____ 2. _____ 3. _____ 4. _____</p> <p>B.----- 1. _____ 2. _____ 3. _____ 4. _____</p> <p>C.----- 1. _____ 2. _____ 3. _____ 4. _____ 5. _____</p> <p>D.----- 1. _____ 2. _____ 3. _____ 4. _____ 5. _____</p>	<p>A.----- 1. _____ 2. _____ 3. _____ 4. _____</p> <p>B.----- 1. _____ 2. _____ 3. _____ 4. _____</p> <p>C.----- 1. _____ 2. _____ 3. _____ 4. _____ 5. _____</p> <p>D.----- 1. _____ 2. _____ 3. _____ 4. _____ 5. _____</p>	<p>A.----- 1. _____ 2. _____ 3. _____ 4. _____</p> <p>B.----- 1. _____ 2. _____ 3. _____ 4. _____</p> <p>C.----- 1. _____ 2. _____ 3. _____ 4. _____ 5. _____</p> <p>D.----- 1. _____ 2. _____ 3. _____ 4. _____ 5. _____</p>

For each procedure the RA intends to perform, list the number of documented procedures already performed by the RA in the last five (5) years. Indicate the level of supervision requested (**General, Direct, or Personal**). **All invasive procedures require a minimum of direct supervision.**

Procedures to be Performed	Documented Cases Performed	Supervision Requested Dir or Per	Supervision Granted Dir or Per
H. Image guided biopsies performing ultrasound, CT, or fluoroscopic guided biopsies and aspirations 1. Bone / Bone Marrow 2. Liver 3. Lung 4. Soft tissue 5. Breast 6. Kidney 7. Pancreas 8. Thyroid	H.----- 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____	H.----- 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____	H.----- 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____
Additional Procedures I. _____ II. _____ III. _____ IV. _____ V. _____	I. _____ II. _____ III. _____ IV. _____ V. _____	I. _____ II. _____ III. _____ IV. _____ V. _____	I. _____ II. _____ III. _____ IV. _____ V. _____

Each procedure must be performed under the supervision of a supervising or alternate supervising radiologist, who must have institutional clinical privileges for the procedure performed by the RA. The RA must also have institutional practice privileges for each procedure requested and performed.

Applicant Signature **Date**

Supervising Radiologist Signature **Date**

Alternate Supervising Radiologist Signature **Date**

[] Check this box if you use another page to list additional procedures or additional alternate supervising radiologists.