

# Key principles for improving the abdominal imaging process for acute abdominal pathway patients

These principles have been developed with radiologists, surgeons and emergency medicine doctors, with input from patients. The aim of the principles is to support better teamwork and improvements in your local practice.

## Experienced clinical judgment is better than strict rules

The most important indicator for a CT scan is when a clinician is concerned about the patient. The specialty or seniority of the referrer is not important, if they are experienced enough to recognise an unwell patient and won't request unnecessary scans. Restricting requests by specialty or grade can lead to unnecessary delay for some unwell patients.



## Simultaneous, not sequential management

Knowing the renal function is not a prerequisite to scanning. Pregnancy status should ideally be known, but a screening questionnaire is sufficient to allow urgent scans. Continue with active management and resuscitation (catheter, NG tube, fluids, antibiotics) in parallel with imaging and surgical review.



## Patient communication is essential

Patients want to feel heard and kept informed through two-way conversations. They often don't understand there are multiple steps and feel frustrated by lack of communication about waits. They may be alarmed by describing the situation as 'emergency', so communication about the evolving situation is important for reassurance.



## Respectful, collegial communication

Building systems based on mutual respect for professional judgment is essential. Where there is uncertainty, direct conversation between senior doctors with specific clinical questions provides the most value.



## Quality of clinical information saves time

The quality of clinical information on requests is crucial, especially when scans are outsourced. Radiologists need sufficient context to prioritize appropriately and interpret findings accurately. Poor information may result in additional time wasted asking for more information.



## Verbal contact can speed up urgent requests

CT is a limited resource with competing demands, so teams should consider verbal contact with radiology to communicate the most urgent requests and help prioritise scans, targeted to enabling better prioritisation of the most critically ill patients.



## Clear communication chains for urgent findings

Clear points of contact are important, as radiologists can find it hard to contact clinical teams with urgent findings if they don't have reliable contact details available. Local arrangements must encourage clinical discussions for the most urgent cases.



## Reflect these principles in your practice

Emergency medicine, radiology and surgery teams should meet to review their local pathways and teamwork, incorporating the principles above. They should agree and monitor target times for urgent and expedited imaging, for example a one-hour target for urgent patients.

