

Inpatient “Other” – incl. Iatrogenic Injury IR Pathway (In and Out of Hours)

1. Key Conditions / Procedures

Iatrogenic Injury or sudden deterioration of patients with bleeding that could be addressed by interventional radiology are key conditions whereby IR procedures may need to be undertaken urgently (In and Out of Hours).

2. Admission

- Case must be discussed by the referring consultant surgeon or medical consultant with the appropriate consultant on call at ELHT or LTHT prior to discussion with IR consultant*
- Referring consultant on call at the referring hospital should discuss with IR consultant on call (prior to transfer)
- Address anticoagulant therapy and any clinical situations prior to transfer
- If it is agreed that the patient should be transferred for interventional radiology, the referring consultant should arrange admission to the appropriate ward at ELHT or LTHT under the care of consultant on call (the admitting consultant will inform the bed manager of pending admission)

3. IR Procedure

- Plan to undertake procedure at appropriate time
- The patient must have a suitable ward to return to and bed availability will need to be confirmed prior to the commencement of the procedure.

4. Post-Operative

- Post-operative care on appropriate ward.

5. Repatriation

- Repatriate to referring trust within 24hrs once clinically stable
- All further treatments should be undertaken in the referring trust as appropriate

*The purpose of conversation with the appropriate consultant at the hospital patient is being referred to is:

- To consider whether the patient is fit for transfer
- To consider whether appropriate surgical options have been explored and that IR is appropriate
- To make consultant aware re the possibility of complications post procedure

NB This is a guideline – treatment decisions should always be made based on clinical presentation.