Policy and Procedure Title: Intervventional Procedures.

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<tr>
<th>Ownership: Radiology Section - Dubai Hospital</th>
<th>Effective Date: Feb 07</th>
<th>Code: DH/RAD/021</th>
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<tr>
<td>Applies to: □ Head Quarter □ Al-Wasl □ Dubai □ PHC □ Rashid □ Other (specify): Clinical Support Affairs, Radiology Section.</td>
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<td>Standard Compliance: ☑ Standard: JClA Standard No.: PFR.9, PFE.4 □ N/A</td>
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<td>DH Manual: □ Yes (specify): Admin. □ N/A</td>
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1. **Purpose and scope:**
   - To establish uniform procedure for interventional Radiological procedures
   - To promote safety for patients undergoing interventional radiological procedures.
   - To Streamline procedure for the interventional procedures.

2. **Policy Statement:**
   Dubai Hospital shall adopt a policy on provision of interventional Radiology services to ensure patient safety and optimize the utilization of radiological services.

3. **Definitions:**

4. **Procedure and responsibility:**

<table>
<thead>
<tr>
<th>Procedure sequence</th>
<th>Responsibilities</th>
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<tr>
<td><strong>4.1: Intervventional Procedures</strong></td>
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<tr>
<td>4.1.1: The following Interventional Radiographic Examinations are offered in DH Radiology Department:</td>
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<tr>
<td>• Biopsy (CT or Ultrasound guided)</td>
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<td>• Drain ages/Localisations/Aspirations</td>
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<td>• Percutaneous Transhepatic Cholangiography</td>
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<td>• Micturating cystourethrogram</td>
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<tr>
<td>• All other radiological interventional procedures</td>
<td>Radiologists</td>
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**NOTE:** Interventional Consent form to be completed for all procedures as per Policy DH/RAD. Form is attached.

4.1.2: Consent is acquired by the Radiologist performing the examination after a through explanation including potential risks associated.

4.1.3: Completed and signed consent forms are kept in the patient medical record and a copy kept in the Radiology department.

4.2: **Privileging**

Intervventional Procedures will only be performed by Radiologist with the privilege to perform such studies.

Please refer to Policy DH/RAD for more information.

4.3: **Procedures Performed Under CT Guidance**

All Interventional Procedures requiring CT guidance will be scheduled for appointment in DH Radiology department CT scanner. Emergency Procedures will be performed in DH CT, by the privileged on-call Radiologist and on-call CT Radiographer.
### 4.4: Bookings
Please refer to DH Workflow Policy DH/RAD.

- Radiologists

### 4.5: Patient Preparation
On the day of examination following are required:
- Consent Form
- Coagulation Profile for Biopsy and Drainage procedure.
- Bloods (when procedure involves contrast media administration). (Ref: Examinations requiring Contrast Media Contrast Policy: DH/RAD.)

- Radiologists

### 4.5: Patient Care

- All emergency and inpatients must be accompanied by a nurse with a hand over to Radiology nurse performed.
- Patient identification is confirmed before starting the procedure. Minimum Two types of Identification should be checked, patient identification number and patient name, or patient date of birth.
- The patient should never be left unattended. The Nurse should remain with the patient at all times.
- An emergency trolley MUST always be available.

**NOTE:** The emergency crash trolley should be checked daily and a log maintained.
- Strict aseptic technique should be maintained during intravenous and intramuscular injections and all trolley preparation.
- Ensure consent form signed when applicable and procedure thoroughly explained and understood by the patient.

- Radiology Nurses

### 4.6: Specimen handling & technique

#### 4.6.1: Two specimen types are taken in Radiology

- Core
- Slide

#### 4.6.2: Specimens once collected are

- Placed in a container (Core), or slide holder (slide).
- Labeled clearly with patient name, PID and date of birth.

- Radiologist & Radiology Nurse

#### 4.6.3 Despatch

**Inpatients:**
Specimen is handed to the accompanying ward staff, and returned to ward with patient. Ward Staff sign for the specimen in the dispatch book before leaving Radiology.

**Outpatients:**
Specimen is dispatched directly to LAB, with dispatch book and signed for by LAB upon receipt.

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<td>1</td>
<td></td>
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4.7 Post procedural Care

Outpatients:

- Kept in the department for 2 hours post procedure.
- Continually observed for vital signs, and bleeding from site.
- Pressure bandage applied when applicable.

Radiology Nurse

Inpatients:

- Patients returned directly to the ward following hand over from Radiology nurse to the ward nurse

5. Tools and Attachments:

Interventional Consent Form

6. References:
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<tr>
<th>Name &amp; Title</th>
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<tr>
<td><strong>PREPARED BY</strong></td>
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<tr>
<td>Dr. Jamshedur (Senior Specialist)</td>
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<tr>
<td>Mr. Hashim Al Awadhi (Supt. Radiographers)</td>
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<td><strong>REVIEWED BY</strong></td>
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<tr>
<td>Dr. Jassem Salem (Act. Head of Radiology Section)</td>
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<td><strong>APPROVED BY</strong></td>
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<tr>
<td>Dr. Jamila Salem AlSwaidi</td>
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<tr>
<td>Director of Clinical Support Affairs, DH</td>
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CONSENT FOR INTRAVENOUS CONTRAST MEDIA

Name: ____________________________
HC No: ____________________________
DOB: ____________________________
Sex: ____________________________
NAT: ____________________________

Do you have asthma? ____________________________ Yes [ ] No [ ]

Are you allergic to any drug or food (especially iodine or seafood)? ____________________________ Yes [ ] No [ ]

Have you ever had an injection of contrast medium before? ____________________________ Yes [ ] No [ ]

Have you ever had a reaction to contrast media before? ____________________________ Yes [ ] No [ ]

Are you pregnant or breastfeeding? ____________________________ Yes [ ] No [ ]

Are you taking any medications for diabetes mellitus especially (Diabetes)? ____________________________ Yes [ ] No [ ]

Do you have a disease such as multiple myeloma, liver failure, sickle cell, hepatitis, HIV/AIDS? ____________________________ Yes [ ] No [ ]

Are you being treated for Kidney diseases? ____________________________ Yes [ ] No [ ]

Urea: ____________________________ Creatinine Level: ____________________________

General Risks and allergic reaction to intravenous contrast media:

(a) Mild nausea

(b) Vomiting, dizziness, rash.

(c) Rarely, more severe reactions such as asthma, shock and convulsions. In very rare cases this may result in death.

Doctors Statement:
I have explained the patient's condition, the procedure and the risks.

Radiologist Name: ____________________________ Signature: ____________________________

Consent:
The Doctor has explained my medical condition and proposed procedure. I understand the risk of procedure.

Patient's Name/Relative's Name/Referring Clinician: ____________________________

Signature: ____________________________ Date: ____________________________

The consent information has been translated to the patient in ____________________________ by ____________________________.

Translation: ____________________________

Signature: ____________________________ Date: ____________________________

Department of Health and Medical Services (DOHMS)
Dubai Hospital.
Policy and Procedure (Administrative)