

A. EFFECTIVE DATE:	November 7, 2022
B. PURPOSE:	To screen women of child-bearing age for suspected pregnancy in an effort to protect the mother and fetus from unnecessary exposure to radiation producing equipment, radioactive materials, contrast media or magnetic fields.
C. POLICY:	<p>Women of childbearing age (considered age 10-50 years of age) will be surveyed for their pregnancy status prior to their imaging examination. Based on the pregnancy test result, the performing technologist will follow the steps below.</p> <p>Exceptions:</p> <p>Examinations That Do Not Require Verification of Pregnancy Status</p> <p>In general, x-ray–based examinations that do not directly expose the pelvis or gravid uterus to the x-ray beam do not require verification of pregnancy status. Such studies include, but are not limited to:</p> <ol style="list-style-type: none"> a. Chest radiography b. Extremity radiography c. Any diagnostic examination of the head or neck d. Mammography e. Any CT imaging outside of the abdomen or pelvis f. MRI patients are permitted to be imaged in a 1.5 Tesla unit regardless of pregnancy status. <p>For non-exception studies, consent may be waived by the ordering provider in cases where the patient is incapacitated or treating a life threatening emergency with inadequate time to obtain consent.</p>
D. SCOPE:	UConn Imaging
E. PROCEDURES, GUIDELINES AND PROTOCOLS:	<p>For Non-Exception Studies</p> <ol style="list-style-type: none"> 1. If a patient responds “not pregnant”, then proceed with radiology exam. 2. If a patient responds “pregnant”; <ul style="list-style-type: none"> ▪ Performing technologist will review the order with an Attending Radiologist or Radiology Fellow/Resident to assess the clinical risk versus benefit of completing the requested procedure. The Radiologist will revise any exam protocol modifications in the interest of safety to the mother and fetus. ▪ For inpatient and emergency department studies, the ordering physician will perform the consent with the patient and document the process of consent using the Consent for Radiological Imaging During Pregnancy form. ▪ For ambulatory studies, the ordering physician, Attending Radiologist or Radiology Fellow/Resident

	<p>perform the consent with the patient and document the process of consent using the Consent for Radiological Imaging During Pregnancy form. The Technologist will scan the consent into PACS with other paperwork and fax a copy of the consent form to the radiation safety department at x3826.</p> <ul style="list-style-type: none"> ▪ If a patient does not consent, the ordering practitioner and Radiologist will work together to determine alternate studies or plans of care. ▪ The Technologist will shield the patient appropriately and apply any exam protocol modifications as directed by a Radiologist or Radiology Fellow/Resident to complete the study. ▪ Pregnant patients are permitted to be imaged in a 1.5 Tesla MRI unit. <p>3. If a patient responds “unsure “ or “unknown”;</p> <ul style="list-style-type: none"> ▪ For ED studies, the technologist will notify the ordering provider to order a stat serum or urine pregnancy test order (Qualitative HCG). ▪ For non-ED studies, the technologist informs the attending Radiologist or radiology resident verbally and the radiologist orders a “STAT” serum or urine pregnancy test (Qualitative HCG). ▪ Outpatients requiring a stat pregnancy test during periods when the laboratory draw station is closed will have an RN assigned by the nursing supervisor’s office to collect the specimen. ▪ For inpatients, the technologist will review the pregnancy test result in the medical record to determine pregnancy status. If unknown or >72 hours since negative test, the technologist will contact the patient’s floor and discuss next steps with the assigned primary RN. ▪ Exemption 1: For emergent CT Neuro head/neck exams; these procedures can be performed immediately without waiting for the pregnancy test results because the potential neuro deficits could far outweigh the fetal radiation exposure/pregnancy risk. If unable to gather a pregnancy test prior to imaging, then one must be obtained immediately after imaging is complete. If the hCG results are > 5.0 mIU/mL, contact the Radiation Safety Department for a fetal dose calculation. The CT Technologist can also connect to Radimetrics if they require an immediate dose estimate. The results should be noted in the patients EMR.
<p>F. REFERENCES:</p>	<p>References: ACR guidelines</p>

G. RELATED POLICIES:																									
H. SEARCH WORDS:	Pregnancy Radiology																								
I. ENFORCEMENT:	Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, or other applicable University Policies.																								
J. APPROVED BY:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; vertical-align: top;">1.</td> <td style="width: 70%; border-bottom: 1px solid black;">Bruce Liang, MD (Signed)</td> <td style="width: 25%; text-align: right; vertical-align: bottom;"><u>11/09/2022</u></td> </tr> <tr> <td></td> <td>Bruce T. Liang, MD Interim Chief Executive Officer & EVP for Health Affairs Dean, School of Medicine</td> <td style="text-align: right; vertical-align: top;">Date</td> </tr> <tr> <td style="vertical-align: top;">2.</td> <td style="border-bottom: 1px solid black;">Anne Horbatuck (Signed)</td> <td style="text-align: right; vertical-align: bottom;"><u>11/08/2022</u></td> </tr> <tr> <td></td> <td>Anne D. Horbatuck, RN, BSN, MBA Clinical Policy Committee Co-Chair</td> <td style="text-align: right; vertical-align: top;">Date</td> </tr> <tr> <td style="vertical-align: top;">3.</td> <td style="border-bottom: 1px solid black;">Scott Allen, MD (Signed)</td> <td style="text-align: right; vertical-align: bottom;"><u>11/08/2022</u></td> </tr> <tr> <td></td> <td>Scott Allen, MD Clinical Policy Committee Co-Chair</td> <td style="text-align: right; vertical-align: top;">Date</td> </tr> <tr> <td style="vertical-align: top;">4.</td> <td style="border-bottom: 1px solid black;">Caryl Ryan (Signed)</td> <td style="text-align: right; vertical-align: bottom;"><u>11/08/2022</u></td> </tr> <tr> <td></td> <td>Caryl Ryan, MS, BSN, RN Chief Operating Officer, JDH VP Quality and Patient Services & Chief Nursing Officer</td> <td style="text-align: right; vertical-align: top;">Date</td> </tr> </table>	1.	Bruce Liang, MD (Signed)	<u>11/09/2022</u>		Bruce T. Liang, MD Interim Chief Executive Officer & EVP for Health Affairs Dean, School of Medicine	Date	2.	Anne Horbatuck (Signed)	<u>11/08/2022</u>		Anne D. Horbatuck, RN, BSN, MBA Clinical Policy Committee Co-Chair	Date	3.	Scott Allen, MD (Signed)	<u>11/08/2022</u>		Scott Allen, MD Clinical Policy Committee Co-Chair	Date	4.	Caryl Ryan (Signed)	<u>11/08/2022</u>		Caryl Ryan, MS, BSN, RN Chief Operating Officer, JDH VP Quality and Patient Services & Chief Nursing Officer	Date
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K. REVISION HISTORY:	Date Reviewed 6/9/2015, 2/24/2020 Date Revised 11/11/2019, 2/18/2020, 2/24/2020, 3/1/2022, 11/7/2022																								