

**Situation:**

A modification in the current approach for US request screening of orders on COVID patients is needed based on feedback from ICU and clinical floor providers taking care of COVID patients.

Universal case investigation with phone calls takes considerable time for radiology residents and discussion with ordering house staff may lead to confusion on utility of exam if the attending level provider has not clearly communicated why a test was needed for management to the intern/resident.

**Background:**

At onset of pandemic our department shortened our US portable protocols to limit the exposure time of the technologists but still answer the relevant clinical question. In addition, we asked for universal screening by radiologists of ALL requested exams on COVID positive patients to ensure clinical indication was sound and that results would result in a change in management.

**Assessment:**

Universal screening of every US order on COVID positive patients is no longer needed. A modified approach will help focus provider to provider discussion on exams that have higher chance of being canceled and reduce time spent on exams that will likely be needed. Provider to provider discussion should be focused on the clinical utility of the exam to ensure any US tech exposure is clinically necessary.

**Recommendation:**

Consensus by Radiology and ICU/floor teams reached to streamline DVT exams. These no longer need to be “approved” by radiologist unless a recent exam was already performed or a 4 extremity (e.g., upper and lower extremities) study is requested.

**For ICU patients, ICU attendings have requested to be contacted regarding any orders where radiology thinks clinical utility is low before canceling the order. Feel free to contact them directly or ask ordering intern/resident have ICU attending call reading room to discuss case.**

Additional triage details for specific cases is detailed below.

Renal ultrasound triage

- All renal ultrasounds on COVID-19 positive patients or COVID-19 rule out patients will be triaged through a nephrologist (**Randy Luciano 860-335-5375**).
- **Contact Dr. Luciano first. Do not call the clinical team yourself for these cases. He will then speak to the clinical team.**
- This applies to 8:00 am - 10:30 pm 7 days a week. For other hours, hold discussion until 8:00 am if case not emergent.
- A renal ultrasound will NOT be helpful in most cases of COVID-19 patients. Obstruction is highly unlikely unless there is a history of cancer that could obstruct ureters or history of stones.

- If obstruction is suspected a foley catheter should be inserted first. If there is no urine output, then hydronephrosis is highly unlikely in a COVID-19 positive patient with AKI.

Liver/RUQ ultrasound triage

- Unless it is an obstructive lab picture (elevated bili and/or alk phos), US will be of low value.
- Most COVID patients in the hospital have elevated LFT's which is due to a viral related hepatitis.
- If US still felt to be needed, do two cine sweeps through the liver looking for biliary dilatation.
- Limited US code can be used.

R/O Portal Vein Thrombosis (PVT)

- Not routinely needed for abnormal LFTs
- If select patient has high risk for PVT, do limited US with color images of the main portal vein and right and left portal veins (no spectral Doppler needed).