

Appendix I.

Exemplar standard operating procedure for follow-up imaging

Any hospital adopting these guidelines should ensure that they comply with their employer's policies and regulations – and should be endorsed accordingly.	Employing organisation
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Unexplained injuries in paediatrics: procedure to ensure patient attends for follow-up imaging

Date	Version
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Purpose

The purpose of this document is to ensure that patients attend imaging departments for follow-up imaging that is required as part of an original traditional radiographic skeletal survey.

Who should read this document?

Imaging staff with responsibility for paediatrics – radiologists, radiographers, clerical staff.

Paediatric staff involved with cases that require skeletal surveys – paediatricians, general practitioners (GP's), paediatric nursing staff, paediatric clerical staff.

Safeguarding Children Team.

Paediatric social care.

Key messages

To ensure that those responsible for the child understand that follow-up images are required as part of the complete skeletal survey. A robust system should be put in place to ensure that the child returns for this imaging on a set date and time. This is especially important, as those with parental responsibility with the child for the primary skeletal survey may not be looking after the child after discussions regarding the safe placement of the child.

Accountabilities	
Production	
Review and approval	
Ratification	
Dissemination	
Compliance	

Links to other policies and procedures

Protocol for traditional radiographic skeletal survey for suspected physical abuse in children.

Protocol for CT imaging in cases of suspected physical abuse in children.

Version history

Last approval	Due for review

Standard operating procedures are designed to promote consistency in delivery, to the required quality standards, across the organisation. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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Exemplar standard operating procedure (SOP): Unexplained injuries in paediatrics: procedure to ensure patient attends for follow-up imaging

1. Purpose and scope

Introduction

Imaging of children is usually required when other identified injuries (for example, bruising) are unexplained. Due to the nature of some fractures, they are not always visible on early presentation. A primary radiographic skeletal survey is undertaken on presentation.

It is recognised that subsequent images, after a set time interval, may help to reveal fractures not seen on the primary survey.

This paediatric group is normally limited to children under two years old – but it may include older children.

Definitions

Traditional radiographic skeletal survey – imaging of specific areas of a child's body using X-rays.

Background guidance

The Royal College of Radiologists. *The radiological investigation of suspected physical abuse in children*. London: The Royal College of Radiologists, 2017.

Key duties

Consultant paediatric radiologists, or other consultant radiologists recognised to undertake the role of reporting images for suspected abuse, should ensure that the report of the preliminary findings includes requirements for follow-up imaging and the time interval. This interval should normally be set in the 'standard operating procedure for identifying unexplained injuries in paediatrics.' Staff performing the primary survey will make those with parental responsibility aware of this procedure.

Consultant paediatricians and other medical staff involved should also be aware of this procedure so that when discussing the findings of the primary survey they are able to inform those with parental responsibility that the final report will not be issued until the follow-up imaging has been performed.

Monitoring and assurance

A robust system should be put in place to ensure that a child is brought in for this follow-up imaging, and who should act if the child does not attend. An appointment should be provided during normal working hours.

Initial discussion involving all parties should decide which department should monitor this. It makes sense for imaging services to do this via their booking system. The appointment should be put on the system at the time of the primary survey and those with parental responsibility provided with a written appointment sheet. It is prudent to inform the consultant radiologist and paediatric radiographers.

The imaging service should have in place a policy for those patients that do not attend for bookings. An alert should be attached to this booking so that non-attendance is immediately flagged.

If a child is not brought in for the appointment then clerical staff should bring this fact to the attention of both the reporter of the primary survey and the paediatric radiographers. Clerical staff should be trained to understand the importance of this communication. It is good practice for the lead paediatric radiographer to be involved in this chain, and to act as a second line of monitoring any shortfalls.

On being alerted to the missed appointment an escalation plan should be implemented. This should detail any process to determine why the child was not brought in. A clear chain of responsibility should be described. This should involve the assistance of the safeguarding children team, children's social carer and the child's consultant paediatrician. The reason for non-attendance should be ascertained and the carers should then be advised to bring the child in for further imaging within a suitable time frame (follow-up imaging is still of value up to 28 days after the initial survey), within normal working hours.

Refusal to attend or inability to make contact must be discussed with the referring paediatric consultant in case legal action is required. If this is the outcome, then the responsibility now lies with the original paediatric consultant and the safeguarding team.

Responsibility for monitoring these results lies with the imaging department, and ultimately with the consultant radiologist reporting the primary survey. A robust working relationship between all parties should be maintained with clear and open communication channels.

There may be occasions when follow-up imaging is performed at another centre. Where this is the case then all parties involved in facilitating the original survey should be aware. It is also important that the other centre knows what specific images are to be performed and who is going to report them. This will involve radiologists and radiographers at both centres.

A record should be kept of skeletal surveys performed by the imaging department. The information should be audited to:

- Aid in making improvements to the system, for example, in relation to:
 - Staff training
 - Staff availability
 - Timescales
 - Communication
 - Image quality
- Monitor activity in this specific paediatric area
- Compare with national data
- Demonstrate any trends.

2. Procedure to follow

This section should be completed by individual organisations

Main step 1

Summary of step

Main step 2

Summary of step

Wherever possible, or relevant, support this narrative with a range of:

- Process and decision flow charts, which reflect the key duties
- Functions and responsibilities tables
- Monitoring and quality assurance arrangements.

3. Document ratification process

This section should be completed by individual organisations.

4. Reference material

The Royal College of Radiologists. *The radiological investigation of suspected physical abuse in children*. London: The Royal College of Radiologists, 2017.

Plus any individual organisation guidelines.

Appendix 1

Appendices should be specifically referred to in the body of the procedural note and included within the contents page.

Required documentation

Include copies of each form that is needed to be completed as part of the procedure described. If this is not practical or appropriate, then clearly indicate where the reader may locate the relevant forms. Aim to standardise forms used across the organisation. Where this is not possible, aim for partial standardisation, with specific additional sections to reflect differences across specialties and functions.

Electronic processes and records

Include brief descriptions, supplemented with (for example) screen prints, key function flowcharts, system menus and so on, with links to electronic guidance for each of the key software packages used as part of the procedure.

Specialised processes

Include further detailed steps for processes, where it makes sense to include within the main procedural document, that is, where the majority of the procedure is the same as the standard approach, but with specific and significant differences at certain stages of the procedure.