# NURSE PRACTITIONER REFERRAL FOR X-RAYS PROTOCOL

Introduction

The NHS plan (Department of Health 2000) included many initiatives to modernise the way in which care is delivered. This includes broadening the scope of practice for many health care professionals and referring patients for diagnostic imaging is just one example.

University of Lincoln Health Services (ULHS) employs Nurse Practitioner(s) to see patients presenting with a range of undifferentiated and undiagnosed conditions as per the Royal College of Nursing [RCN] (2008). The Nurse Practitioner(s) complement the work of the General Practitioners and other health professionals who work at the surgery.

The role of the Nurse Practitioner in Primary care has been evolving at a rapid rate over the last few years with increasing levels of competence (Crewe2007).

*A Nurse Practitioner (primary care) is an independent practitioner who is able to demonstrate a high level of defined competencies, which enables them to manage a whole range of clinical situations. This incorporates diagnostics, therapeutics, decision making and clinical management, which is complimentary to other members of the primary health care team. (Coombs 2001, cited in Crewe 2007)*

One of the 10 Key Roles for Nurses includes referral for diagnostic investigations (Department of Health 2000).

Despite the role being viewed as independent and involving the above levels of competency, historically a Nurse Practitioner has to ask for a General Practitioner to review and refer a patient if they feel that further investigations such as x ray or ultrasound are needed. This leads to limitations in the role and also does not enhance a holistic approach to care (Crewe 2007).

Aims & Objectives

To ensure that patients who attend an appointment with the Nurse Practitioner(s) at ULHS and require further investigation at the radiology department receive a timely and safe service.

Purpose & Scope

This document sets out the guidelines for Nurse Practitioners employed by ULHS to refer patients for examinations performed by the radiology departments at United Lincolnshire Hospitals NHS Trust.

ULHS, as the employing practice, adopts the protocol after judging that it is appropriate to the circumstances of the practice and the competence of the individual Nurse Practitioner(s) concerned.

Eligibility Criteria of Nurse Practitioners

Referring Nurse Practitioner must:

* Be registered with the Nursing & Midwifery Council (NMC)
* Completed a 1st degree or a Post Graduate diploma/MSc and hold a recognised qualification as a Nurse Practitioner or Autonomous Practitioner.
* Have undertaken training on the Ionising Radiations (Medical Exposure) Regulations (IR[ME]R) 2017 provided by United Lincolnshire Hospitals Trust Radiology Department or another suitable provider.
* Submit an application form (see appendix) to be approved as a non-medical referrer, together with a copy of all relevant certificates to the X-ray departments at United Lincolnshire Hospitals NHS Trust prior to referrals being made.

Roles and responsibilities (Nurse Practitioners)

* The Nurse Practitioner(s) must ensure they undertake tasks that they are competent to perform and adhere to the core competencies advocated by the RCN (2008).
* The Nurse Practitioner(s) is/are bound by the current Professional Code of Conduct at all times (Current Professional Code of Conduct at the time this policy was written was published in 2008 - NMC 2008).
* It is essential that a Nurse Practitioner(s) continues to record in detail any clinical examination undertaken and history that may lead the Nurse Practitioner to request an investigation.
* Prior to sending anyone for an investigation the referring Nurse Practitioner must ensure that the process will add to or alter the diagnosis and is beneficial to the patient as he/she is responsible for ensuring the patient is not exposed to unnecessary or unwarranted radiation.
* Complete a referral request form which complies with United Lincolnshire Hospitals NHS Trust policies for each patient being referred. This should include all relevant clinical history of the patient concerned as well as demographic patient details.
* The requesting Nurse Practitioner is responsible for managing/actioning any x-ray/ultrasound result.
* Co-operates with and participates in any audit of referral patterns and annual appraisals and adheres to any findings or recommendations from such audits and appraisals.

Roles and responsibilities (General Practitioner)

* One of GP Partners will act as mentor to the nurse Practitioner(s).
* Responsibility for the education of staff in relation to their role in the clinical area lies with the GP mentor.
* One of the GP Partners will participate in the annual appraisal of any Nurse Practitioners employed by the practice.
* Ensure that audit of referrals from Nurse Practitioner(s) take place on an annual basis. This could be delegated to an appointed representative.

Roles and responsibilities (Practice Manager)

* It is the responsibility of the Practice Manager to ensure this protocol is reviewed on an annual basis by him/her or his/her appointed representative. If any amendments are made then this should be communicated with the X-ray Departments within United Lincolnshire Hospitals NHS Trust.
* It is the responsibility of the Practice Manager to ensure that a list of approved referrers in their practice is maintained.
* Changes or additions to the referrers must be submitted to the Acute Trusts’ Radiology Department prior to referrals commencing.
* It is the responsibility of the Practice Manager that appropriate education and training is undertaken by relevant staff.

# Chest x-ray

Nurse Practitioners may refer adults (over 16 years of age) for the following indications

* Persistent unexplained cough lasting more than 3 weeks as per two week wait guidelines
* Haemoptysis
* Unexplained shortness of breath
* Unexplained weight loss/night sweats
* Hoarseness for more than 3 weeks as per two week wait guidelines
* Severe Exacerbation of COPD
* Suspected Pleural effusion
* Suspected TB.
* Suspected inhalation of foreign body

Exclusions

The Nurse Practitioner(s) will not refer for chest x-ray:

* Any child under 16 – such patients shall be referred to a General Practitioner.
* Any female patient who is pregnant – such patients shall be referred to a General Practitioner.
* Any patient for whom acute admission would be more appropriate – such referral will be made by the Nurse Practitioner or General Practitioner.
* Routine follow up of asthma/COPD.
* Chest trauma
* Simple URTI.

# X-rays of joints/bones

Nurse Practitioners may refer adults and children over the age of 5 years old for the following indications

|  |  |
| --- | --- |
| **Shoulder/Upper arm** | Persistent, severe pain with reduced range of movement unresponsive to treatment after 6 weeks.Suspected cervical rib, indicated by hand/forearm pain, weakness/numbness, thenar or hyopthenar wasting.Where osteomyelitis is suspected.Trauma. |
| **Elbow** | Persistent, severe pain with reduced range of movement unresponsive to treatment after 6 weeks.Where osteomyelitis is suspected.Trauma.  |
| **Wrist/forearm** | Persistent, severe pain with reduced range of movement unresponsive to treatment after 6 weeks. Where osteomyelitis is suspected.Trauma. |
| **Hand** | Persistent, severe pain with reduced range of movement unresponsive to treatment after 6 weeks.Where osteomyelitis is suspected.Trauma. |
| **Arm Soft Tissue** | Where a radio-opaque foreign body is suspected anywhere in the arm or hand. |
| **Hip & Pelvis** | Persistent, severe pain with or without reduced range of movement +/- crepitus that has been unresponsive to treatment after 6 weeks. Associated risk factors e.g. SLE, sickle cell, high use of steroids – exclude avascular necrosis.Pain keeping patient awake at night.Where osteomyelitis is suspected.Trauma. |
| **Thigh** | Where osteomyelitis is suspected. |
| **Knee** | Persistent, severe pain with or without reduced range of movement +/- crepitus that has been unresponsive to treatment after 6 weeks. Pain keeping patient awake at night.Where osteomyelitis is suspected.Trauma. N:B: in trauma Ottowa Knee rules (Stiell et al 1997) apply. |
| **Lower leg** | Where osteomyelitis is suspected |
| **Ankle/Foot** | Persistent, severe pain with or without reduced range of movement +/- crepitus that has been unresponsive to treatment after 6 weeks. Pain keeping patient awake at night.Where osteomyelitis is suspected. Trauma. N:B: In trauma Ottowa ankle rules (Stiell et al 1994) apply.  |
| **Leg Soft Tissue** | Where a radio-opaque foreign body is suspected anywhere in the leg/foot. |

Exclusions

The Nurse Practitioner(s) will not refer for x-ray of bones/joints/soft tissue of limbs

* Any child under 5 years old – such patients should be referred to a General Practitioner
* Any female who is pregnant – such patients should be referred to a General Practitioner
* In acute trauma if it is more appropriate to refer directly to A&E then this referral will be made by the Nurse Practitioner.

#

Protocol approved by

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Role |  |
| Date |  |
|  |  |

#

# APPENDIX A TO NURSE PRACTITIONER

# REFERRAL FOR X-RAYS PROTOCOL

|  |
| --- |
| Application for a Nurse Practitioner to be approved to refer patients for plain film X-rays & Ultrasound investigations as per the practice protocol |
| Name of Nurse Practitioner |  |  |
|  |  |
| Work Address  |  |
|  |  |  |
| Work Telephone Number  |  |  |
|  |  |
| Qualifications:  |  |
|  |  |
| Date IR(ME)R course last undertaken |  |
|  |
| Nurse Practitioner to sign within the box with his/her signature that he/she will use when completing X-ray requests |
|  |
| Name of GP Mentor/supervisor supporting this application:GP mentor/supervisor to sign in support of this application. |
|  |

Supporting Evidence and References

Coombs J (2001) Report to the Primary Care Reference Group. Nurse Practitioners in Primary Care. West Yorkshire Workforce development Confederation. Cited in Crew J (2007), Policy for Nurse Practitioner referral to radiology at the mid Yorkshire Hospitals NHS Trust or Calderdale and Huddersfield NHS Foundation Trust. Kirklees Primary Care NHS Trust.

Crew J (2007), Policy for Nurse Practitioner referral to radiology at the mid Yorkshire Hospitals NHS Trust or Calderdale and Huddersfield NHS Foundation Trust. Kirklees Primary Care NHS Trust.

Department of Health (2000), NHS Plan – A plan for investment, A plan for reform, Department of Health: London.

Ionising Radiation (Medical Exposure) Regulations (IR[ME]R 2017

NMC (2008), The Code: Standards of conduct. Performance and ethics for nurses and midwives, Nursing and Midwifery Council, London.

RCN (2008), Advanced Nurse Practitioners – an RCN guide to the advanced nurse practitioner role, competencies and programme accreditation. Royal College of Nursing, London.

Stiell IG, McKnight RD, Greenberg GH, McDowell I, Nair RC, Wells GA, Johns C, Worthington JR (1994). [Implementation of the Ottawa Ankle Rules.](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8114236) Journal of the American Medical Association; 271:827-832.

Stiell IG, Wells GA, Hoag RH, Sivilotti MLA, Cacciotti TF, Verbeek PR, Greenway KT, McDowell I, Cwinn AA, Greenberg GH, Nichol G, Michael JA (1997). [Implementation of the Ottawa Knee Rule for the Use of Radiography in Acute Knee Injuries.](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9403421) Journal of the American Medical Association; 278:2075-2079.

Bibliography

RCN (2006), Clinical Imaging Requests from Non-medically Qualified Professionals, Royal College of Nursing, London.