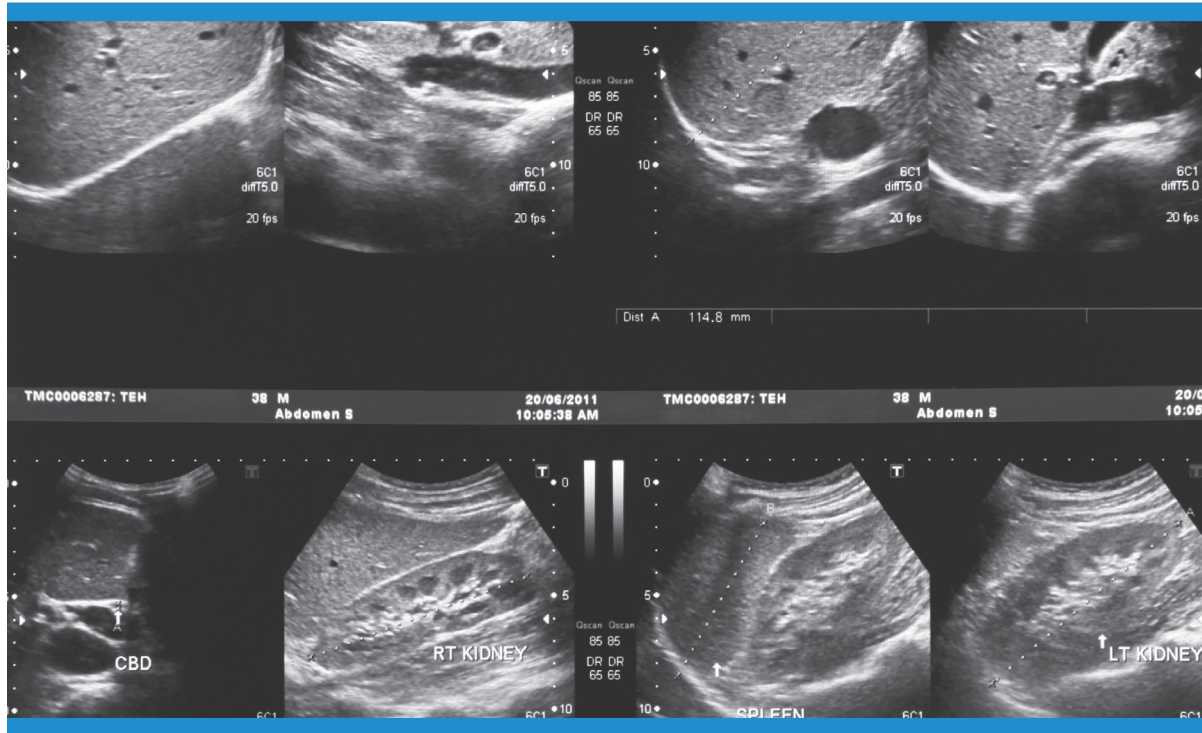




Physiological  
Measurements Ltd.

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## Direct Access Community Ultrasound Service (Non-Obstetric)

### Referrer Information

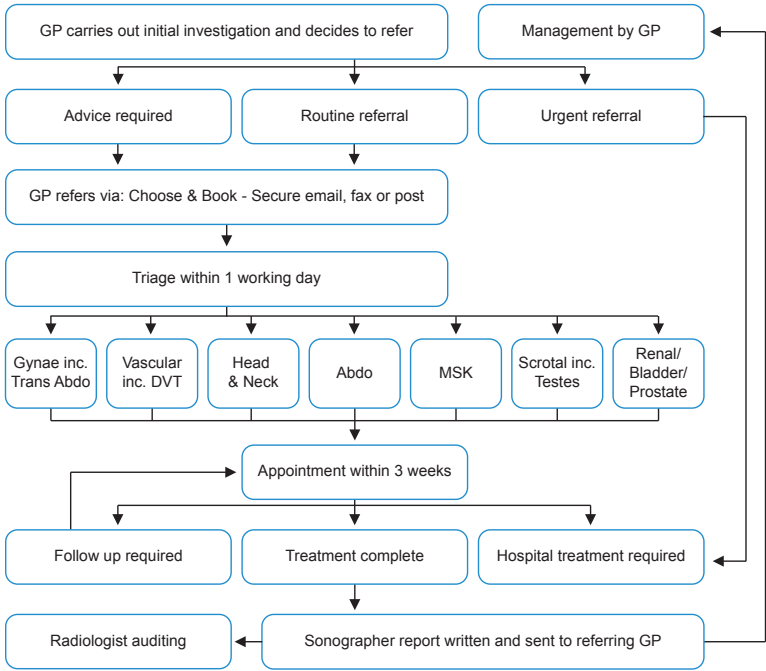
Providing Services on Behalf of the NHS

# The Service

Physiological Measurements Ltd work in partnership with the NHS to provide patients with access to a greater choice of quality services provided in the local community. Your patients can now benefit from our direct access non-obstetric ultrasound service which is operated in practices within the local area.

# The Pathway

The below illustrates the typical patient pathway for our non-obstetric ultrasound service. Any variations to this will be provided to you with this booklet.



\*Suspected DVT will be seen in accordance with the pathway commissioned under this AQP Non Obstetric Ultrasound Service. Further information is available from our Patient Management Centre (01691 676496)

## Protocols

Referrals may be submitted by email to [referrals.pml@nhs.net](mailto:referrals.pml@nhs.net), fax to 01691 676016 or via e-referrals (formerly Choose & Book). Referral forms must include all patient demographic information and details of the referring GP. Also, please always clearly state the clinical condition you wish to confirm or exclude when making a referral to our service.

It is essential that our ultrasound reports are accurate, concise, informative and provide clear advice to you in the form of a “conclusion”. To enable us to do this, it is essential that you provide as much relevant clinical history as possible.

### Please note

For the report containing patient results to be returned to you by email please supply a current nhs.net email address on the referral form - we are unable to send results to any other email address.

### Inappropriate referrals

Please ask yourself the following before submitting a referral - inappropriate submissions will mean a longer pathway and negative experience for your patient:

- Will the result of the test affect clinical management?
- Is the test being requested too quickly?
- Is the test the most appropriate?
- Has the test already been performed elsewhere or in the recent past? If so, the need for repetition should be questioned.

Acceptance and exclusion criteria is supplied as an appendix to this guide.

## How To Refer

Our Patient Management Centre manages all referrals to our service. Referrals can be accepted via:

- Secure email to [referrals.pml@nhs.net](mailto:referrals.pml@nhs.net)
- Fax to 01691 676016
- E-referrals (formerly Choose & Book)

The Referral Form provided with this booklet should be completed for each patient. Electronic versions of the form can be found on our website ([www.physiologicalmeasurements.com](http://www.physiologicalmeasurements.com)) or can be requested from our Patient Management Centre.

If you wish to telephone us before you submit a referral, you can reach the Patient Management Centre on 01691 676496.

## The Appointment

The Ultrasound scan is performed by an appropriately qualified and skilled Sonographer. A Health Care Assistant may work alongside the Sonographer - all staff will wear a Physiological Measurements uniform and will have an identity card.

## Report

Following the ultrasound investigation, a written clinical report will be produced by the sonographer in accordance with the Red, Amber and Green reporting template (guidelines can be found overleaf) and sent to the referring clinician within two and a maximum of five working days of the investigation, depending on the RAGS result. Advice from a Consultant Radiologist will be available if clinically appropriate.

The report and the RAGS criteria will be produced in accordance with the document “Standards for the Reporting and Interpretation of Imaging investigations” as published by the Royal College of Radiologists.

## Return of Results

The Patient Management Centre will transmit the report back to the registered practice via secure NHS mail (nhs.net). For those practices that do not have an NHS net address, the report will be sent via Royal Mail.

The patient is informed of the results by their registered practice and managed as appropriate.

# E-Referrals

The service can be located by searching for a Specialty of **Diagnostic Imaging** and a Clinic Type of **Ultrasound**.

The service will only offer routine appointments so a Priority of **Routine** should be selected.

Click 'Search Primary Care' and the service will appear as shown below:

### Please Note:

The Service descriptions of your local PML Clinics shall be provided to you with this information pack

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#### Service Results


Mileage	Service Name	Restricted	Directly Bookable	Referrer Alert
0	<a href="#">AQP - NHS General Ultrasound - Diagnostics - XXXXXXXXXXX - XXXXX - PML - NXV</a>		No	



The process for referring into the direct access community ultrasound will be:

1. Locate the service on E-referral's **Primary Care** menu
2. Create a 'Request' to this service by placing a tick in the box to the left of the service and clicking **Request**
3. Click **Submit** and then **Close**
4. Print off E-Referral printout
5. As per printout, the patient should contact our Patient Management Centre who will arrange their appointment
6. Within 3 days, electronically attach the referral letter within the E-Referral system.

Group By:

Referrer Alert	Named Clinician	Specialty	Service Provider Location	Priorities Supported	Service Type
	-	<a href="#">Diagnostic Imaging</a>		Routine	Ultrasound

## Clinic Locations

Please visit [www.physiologicalmeasurements.com/clinicfinder](http://www.physiologicalmeasurements.com/clinicfinder) to find your nearest clinic or call our friendly Patient Management Centre on **01691 676496**.

If you have a room available for rent and would be interested in hosting clinics at your own practice please contact us on 01691 676496.



# Ultrasound Protocols

## Upper Abdomen

Includes visualisation of the liver, biliary system, pancreas, spleen, kidneys, abdominal aorta, associated vasculature.

Clinical indications include: upper abdominal pain (not relieved by PPI), jaundice, radiating to back and right shoulder, possible abdominal aortic aneurysm, unexplained weight loss, fever, night sweats, nausea, persistent vomiting, dyspepsia, abnormal LFT's, abnormal renal function tests, raised WCC, organomegaly, increased abdominal girth, abdominal free fluid.

## Abdomen and Pelvis

Includes visualisation of all of the above plus urinary bladder (including a post micturition volume), prostate gland, uterus, ovaries, adnexae.

Clinical indications include: UTI, nocturia/poor urinary stream, prostatism, dysuria/frequency/urgency, possible renal calculi, haematuria, proteinuria, raised serum creatinine, unexplained hypertension, flank pain/colic, FH polycystic kidneys.

## Thyroid

Involves visualisation of both lobes, isthmus and parathyroid region including associated vasculature.

Clinical indications: palpable mass, neck swelling, abnormal TFT's.

## Testes

Clinical indications include: pain/discomfort, swelling/enlargement of scrotum or testis, trauma (resolving haematoma, suspected lipoma), undescended testis, suspected varicocele, suspected hydrocele.

**Non-traumatic sudden onset of acute pain should be referred urgently to urology.**

Any palpable lump within the testis, particularly in men between 20-50, must be referred urgently to Urology under the 2 week rule.

### **Soft tissue**

Any superficial soft tissue lump can be assessed using ultrasound in the first instance.

### **Musculoskeletal**

General: any superficial soft tissue masses. Suspected muscle or tendon tear.

Shoulder: pain, restricted movement, acromio-clavicular joint pain.

Hand/wrist: suspected tendon disease or synovitis, non opaque foreign body, suspected glomus tumour.

Elbow : suspected tennis or golfer's elbow, synovitis, bursitis or ulnar nerve pathology.

Pelvis/hips: trochanteric pain, suspected hernia.

Knee: suspected collateral ligament tear, patellar and quadriceps tendon pathology, bursitis, and Baker's cyst.

Ankle/foot: suspected tendinosis or synovitis, plantar fasciitis, fibromatosis, Morton's neuroma, foreign body.

# Vascular Ultrasound

Clinical Indications	Imaging Guidance
Cerebrovascular disease such as TIA Carotid bruit or pulsation	A Carotid Doppler study will show evidence of Vascular disease.
Cardiovascular assessment for stroke risk	
Intermittent claudication	Peripheral Arterial Doppler ultrasound is useful to assess the arterial system and to determine the stage of peripheral arterial disease.
Absent ankle or foot pulses	
Discolouration and/or leg ulceration	
Diabetic neuropathy	
Varicose veins as a result of venous insufficiency	Venous Doppler ultrasound is able to functionally assess the deep and the superficial system to evaluate the cause of venous disorders.
Pain in lower limbs	
Ulceration or discolouration	
Suspected Deep Vein Thrombosis (DVT)	Venous Doppler is helpful to assess deep vein thrombosis (acute and chronic).
Suspected recurrent DVT	

# Transabdominal & Transvaginal Ultrasound

Clinical Indications	Imaging Guidance
Palpable abdominal or pelvic mass	<p>Any woman with a palpable abdominal or pelvic mass should have an ultrasound scan.</p> <p>Transabdominal and transvaginal ultrasound is always available if necessary.</p> <p>MRI is the best second-line investigation, and will be recommended if necessary. If the scan is suggestive of cancer, an urgent referral will be recommended.</p>
Suspected endometriosis or pelvic inflammatory disease	Ultrasound is a helpful initial investigation.
Dysmenorrhoea/amenorrhoea	Ultrasound is a helpful investigation.
Lost intrauterine contraceptive device (IUCD)	Transvaginal ultrasound is recommended to locate this device.
Symptoms of polycystic ovarian syndrome	Ultrasound is an adequate investigation.
Post menopausal bleeding	<p>Transvaginal ultrasound is indicated to exclude significant endometrial pathology in postmenopausal bleeding.</p> <p>A gynaecological referral will be recommended for endometrial thickening &gt; 5mm in postmenopausal women.</p>

# Red, Amber & Green (RAGS) Reporting

Guidelines for Abdominal, Pelvic, MSK and Vascular Ultrasound. This list is not exhaustive and should only be viewed as general guidelines.

Abnormality	Comment/Advice
1. Critical Aortic Aneurysm ( >5.5cm) with abdominal/back pain	Seek urgent medical advice.*
2. Pericardial Tamponade (effusion > 2cm depth)	Seek urgent medical advice.*
3. Biliary obstruction with clinical jaundice	Seek urgent medical advice.*
4. Ectopic Pregnancy	Seek urgent medical advice.*
5. Acute Venous Thrombosis / Critical Arterial stenosis	Seek urgent medical advice.*
6. Acute Cholecystitis	Seek urgent medical advice.*
7. Acute Pancreatitis	Seek urgent medical advice.*
8. Acute Renal Tract Obstruction Bladder obstruction / retention	Seek urgent medical advice.*
9. Suspected Septic Arthritis	Seek urgent medical advice.*

\* Same Day Hospital Admission. Report FAXED. Image Transmission same day.  
\*\* Urgent referral Report FAXED. \*\*\* Routine Referral

Actions for all identified diseases. No significant symptom progression. Assess symptoms according to request card clinical information; exclude new symptomatology.

Abnormality	Comment/Advice
10. Abdominal /Liver mass +/- ascites.	Seek same day medical advice.**
11. Pelvic mass(es) +/- ascites.	Seek same day medical advice.**
12. Chronic Liver Disease with ascites.	Seek same day medical advice.**
13. Aortic Aneurysm > 5.5cm , no evidence of leak.	Seek same day medical advice.**
14. Renal mass	Seek same day medical advice.**
15. Acute Epididymo-orchitis	Seek same day medical advice.**
16. Abdominal /Pelvic Collection	Seek same day medical advice.**
17. Soft tissue mass/ lymphadenopathy	Seek same day medical advice.**
18. Gallstones/ Chronic Cholecystitis	Normal Reporting.***
19. Chronic Liver disease/ Chronic Pancreatitis	Normal Reporting.***
20. Renal calculi, no obstruction	Normal Reporting.***
21. Benign Uterine/ Pelvic abnormalities	Normal Reporting.***
22. Aortic Aneurysm < 5.5cm, no evidence of leak.	Normal Reporting.***



