**Workflow for Vascular Studies**

**Vascular reader definition**

1. **IR faculty at Meriter:** responsible for protocolling and interpreting vascular studieson **weekdays during regular business hours.**
2. **IR Resident**: responsible for protocolling and interpreting vascular studies **after hours/weekends**, the IR faculty covering Meriter will staff these studies.
3. **Community Vascular Readers**: (Drs. Borden, Meduri) Will serve as a back up for the IR personnel in the event that all IR staff are unavailable or cannot feasibly stop what they are doing to answer protocol questions or provide a stat reading.

**Workflow for vascular studies performed during working hours**

1. Routine studies – these will be assigned to the worklist “**IR CTA MRA Read List**” (.read, uwmf ir cta mra), the vascular reader is responsible for checking this list for studies to be read.

**\*\*\* Studies should not be assigned to an individual IR\*\*\***

1. Emergent/urgent studies
2. The technologist will first call the vascular IR reader
3. In the event that the vascular IR reader is unavailable, the technologist will call the on-call IR resident/fellow (will need to page the fellow/resident directly)
4. If the vascular IR reader and IR resident/fellow is unavailable, it is acceptable to contact a Vascular reader from the Community section (Drs. Borden, Meduri) to discuss or protocol a case.
5. Contacting the Community Vascular Readers
6. If the vascular IR reader is unavailable, it is acceptable for the technologist to contact a vascular reader from the Community section (Drs. Borden, Meduri) to discuss or protocol a case if they are available/on-schedule.
7. The Community Vascular readers can choose to read the case they were consulted for by telling the technologist to assign to their name. If they do not/cannot read the case, the case will be assigned to the “IR CTA MRA Read List.”

**Workflow for vascular studies performed after hours/weekends**

1. Routine studies – these will be assigned to the worklist “**IR CTA MRA Read List**” (.read, uwmf ir cta mra) and will be read the next business day by vascular IR reader.
2. **\*\*\* Studies should not be assigned to an individual IR\*\*\***
3. Emergent/urgent studies
4. The technologist will call the on-call IR resident to preliminarily interpret the study. The on-call IR attending will staff these studies.
5. If the IR attending is unable to complete in-process cases on his own, the on-call IR fellow/resident will be expected to scrub out at the earliest feasible time to address emergent vascular studies.

**How to contact the vascular reader**

1. IR at Meriter – call Meriter hospital switchboard at 608-417-6000
2. IR resident **after hours** - call UW Hospital switchboard at 608-262-2122 and have the operator page the on-call IR resident or fellow
3. Community Vascular readers can be reached at their assigned workstation numbers per Community Section schedule **during business hours.** Can contact Radiologist specialist, at 608-417-7164 if assistance locating a Community Vascular reader is needed.

**List of facilities (in approximate order of study volume)**

1. Meriter Hospital
2. UWMF 1 South Park Clinic
3. Mile Bluff Medical Center (Mauston)
4. Fort Atkinson Hospital
5. Richland Center Hospital

**Who reads the vascular studies performed at Meriter, 1SP, Fort Atkinson, Mauston, Richland Center?**

**Community Section**

CTA/MRA head and neck

CTA/MRA pulmonary angiography ("PE CTA/MRA") – including MRA Chest with ferumoxytol for pregnant patients

CTA/MRA thorax: Aortic Aneurysm, initial and follow up (pre-intervention/surgery)

Non-contrast, cardiac gated thorax CT: for TAA followup

Aortic dissection studies

Mesenteric ischemia studies

Acute bleed protocol CT

Upper and lower extremity deep venous Doppler ultrasound ("DVT study")

Cardiac Readers

Coronary CTA (including Coronary CT calcium scores)

CTAs for TAVR preop

Cardiac MRI (including electrophysiology pre-ablation studies)

MRA Abdomen-Pelvis for TAVR preop

**IR Section**

CTA/MRA upper extremities

CTA/MRA thorax: For thoracic outlet evaluation, TAA post-intervention/surgery

CTA/MRA abdomen-pelvis (excluding studies for aortic dissection or mesenteric ischemia and acute bleeding): this includes pelvic MRA for uterine AVM.

CTA/MRA runoff

Lower extremity arterial physiologic Doppler ultrasound (“ABI”)

Lower extremity TCpO2

Upper and lower extremity arterial color Doppler ultrasound ("duplex")

***Please note that document is not comprehensive but reflects the best and on-going efforts by Drs. Pun and Meduri to establish general guidelines for Vascular Studies Workflow at UW Outreach sites. In general, UW IR will read specialized/post-operative vascular cases and run-offs, while the Community division is focused on acute aortic conditions such as dissections, etc. However, common sense is requested, and if it is unclear which division reads a case, a discussion between the attending IR and Community staff may be necessary to appropriately triage and report the case in the best interests of patient care.***

**Updated 10/2022.**