

This appendix is a supplement to the article and has not undergone editorial revision.



Vestfold Hospital Trust

Radiology Department

P.O. Box 2168

3103 Tønsberg

Tel.: 33 34 30 11

Fax: 33 34 39 43

Patient's national identity number:

Last name, first name

Street address:

Postal code, place:

Tel. Private/Work:

Referring doctor/ authority (with addr. and tel. no./pager):

Previously examined here (year):

No deductible because of:

Copy of results to:

Is patient to go to another clinic/dept. after X-ray?

Hospitalised dept:

Go alone Go accompanied Wheelchair Bed Examined in theatre

Clinical information, problem:

Last menstr. (date)

Impaired kidney function? Yes No

<p>Desired examination(s):</p> <p><i>Mobile X-ray</i> <input type="checkbox"/> <i>Complete reverse of page as well!</i></p>	<p>Urgency:</p> <p>Emergency aid Now Within 24 hours Within 48 hours According to list</p> <p>Desired time:</p>	<p>Special considerations /precautionary rules:</p> <p>Date, signature:</p>
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<p>Notes for Radiology Department:</p> <p>Patient sent to Acute reception Yes No</p>	<p>Barcode(s):</p>
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Checklist for MRI scans in Tønsberg

Contraindications:

YES NO

Pacemaker
 Intracranial vascular clips
 Metal/foreign object in eye

Cochlea (ear) implant
 Neurostimulator
 Pregnancy 1st trimester

Necessary information

YES NO

Metal/prosthesis after surgery
 Pregnancy, 2nd and 3rd trimester
 Insulin/morphine pump

Patient's weight _____ KG

Comments, if any:

DATE: _____

SIGNATURE doctor: _____

This checklist MUST be completed and signed by a doctor in connection with a referral for MRI scans.

For mobile X-ray, see over page!

Mobile X-rays

Order by calling 901 46 701, or by sending a referral to:

Vestfold Hospital Trust
Radiology Department
P.O. Box 2168
3103 Tønsberg
Mark the referral "Mobile X-ray"

If clinical information indicates hospitalisation, mobile X-ray must not be used

**Questions concerning ambulant X-ray. Please complete for all patients.
Set cross.**

Who refers for mobile X-rays?

- Nursing home doctor
- A&E doctor
- Other, specify:

What would have happened if the mobile X-ray service had not been available?

- The patient would have been sent to a hospital radiology department
- The patient would have been transferred to hospital for assessment/admission
- Local clinical assessment in the institution without X-rays

If the two first options have been crossed off, and the patient would have been sent to hospital:

How would transportation to hospital probably have taken place?

- By ambulance
- By taxi
- With the aid of family (private transport)
- Other, specify:

Would the patient have needed accompanying, and if so, who would have accompanied the patient to hospital?

- No accompanying person, would have gone alone
- Nursing home personnel
- Ambulance personnel
- Family
- Other, specify:

Questions concerning mobile X-ray service

A Clinical situation

1. What type of department was the patient in when the examination was conducted?

- a) Long-term stay
- b) Short-term stay/rehabilitation
- c) Palliative unit
- d) Municipal emergency place
- e) Assisted living apartment
- f) Other type of department (specify):

2. Problem/indication for examination

- a) Acute de novo condition
- b) Undetermined condition/assessment (sub-acute/chronic)
- c) Follow-up of known condition

3. What was the patient's mental state at the time of the examination?

- a) Alert and oriented
- b) Slight mental deficit/dementia
- c) Severe dementia
- d) Acute delirium/confusion/psychosis

B Informational value

4. To what extent did the radiology results provide answers to questions included in the referral?

- a) Question was not answered
- b) Question was partly answered
- c) Question was adequately and unambiguously answered

5. How and to what extent did the examination provide new diagnostic information?

- a) Of **no significance** for clinical diagnosis
- b) The examination provided **diagnostic knowledge** about the condition that was not previously known
- c) **Increased certainty** about presumed clinical diagnosis (tentative diagnosis)
- d) **Information about developments** (improvement or exacerbation) of known condition
- e) **Disproved** possible tentative diagnosis

C Consequences of the examination

6. How did the X-ray examination affect a decision regarding further treatment at a hospital (admission or outpatient treatment)?

- a) No effect
- b) Led to patient **being admitted** to hospital
- c) Led to the **avoidance of hospitalisation**
- d) Led to patient being **referred to a hospital outpatients clinic**
- e) **Referral to outpatients clinic avoided**

7. What implications did the examination have for the further medical treatment of the patient?

- a) No implications for treatment
- b) New treatment initiated
- c) Current treatment terminated or changed
- d) Prevented new unnecessary treatment
- e) Other (specify):

8. How did the examination have consequences for the nursing of the patient?

- a) No nursing consequences
- b) Immobilisation/support (bedrest, wheelchair, walker etc.
- c) Increased mobilisation/exercise
- d) Palliative measures (e.g. cautious moving in the event of a fracture, raising of bed-head in cases of fluid accumulation etc.
- e) Other (specify):

9. To what extent did the examination enable important information to be given to patients and families?

- a) To only a limited extent
- b) To some extent
- c) To a large extent

Any other comments:

Many thanks for your responses!