



Clinical Indication & Prioritization

Standardization Guide

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When clinicians overuse STAT or Urgent designation, it becomes more difficult and time-consuming to distinguish true emergencies from cases that can wait.

Priority:

Emergent/STAT – An examination necessary to diagnose and/or treat disease or injury that is immediately threatening to life or limb.

Examples of a STAT imaging procedure include a head CT to evaluate for a stroke.

Urgent- Not life threatening. Studies, if delayed, will have an impact on the acute status of the patient.

Routine-

TABLE 1: Read Priority Scoring System With Guiding Definitions in the Radiology Information System (RIS)

Read Priority Score (Category)	Guiding Description for Technologists to Use at End of Examination in the RIS
1 (Critical)	Critical test, trauma alert, stroke alert, operating room instrument miscount, code
2 (ED/Urgent)	ED nonalert trauma, other ED, inpatient trauma spine clearance
3 (Inpatient urgent)	Unit patients and other acutely ill inpatients; discharge pending today
4 (Outpatient urgent)	Clinic appointment < 2 hours away, physician awaiting call, or technologist concerned by finding
5 (Clinic visit today)	Appointment > 2 hours away
6 (Inpatient routine)	Not acutely ill and no discharge pending today
7 (Clinic visit tomorrow)	Outpatients with known next-day clinic appointments
8 (Outpatient routine)	Routine outpatients
9 (Outpatient minus)	Outpatient radiographs viewed by specialist in clinic today (e.g., orthopedic or gastrointestinal clinic)

Note—Technologists must enter a read priority score that is based on all information available to them on completing an examination. A score is issued from 1 to 9 that conveys the degree of urgency for interpretation ranging from critical, highly time-sensitive inpatient and emergency department (ED) scenarios (e.g., codes, stroke alerts, and operating room instrument miscount studies) to much less time-sensitive scenarios (e.g., spine radiographs reviewed by a spine surgeon in the clinic). These nine levels of reading priority were agreed on by our clinical radiologist leaders and include various common clinical scenarios in our health enterprise, including inpatients, outpatients, teleradiology patients, and ED patients.