THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

FLUOROSCOPY

MEDICAL RADIATION TECHNOLOGIST OBSERVATION FORM

Please complete one form for each examination observed

MRT OBSERVED:	
CMRTO #:	

PATIENT IDENTIFIER:	
PATIENT WRITTEN CONSENT OBTAINED:	

TYPE OF EXAMINATION OBSERVED?	

	C	NC	NA
1.8.1 DUTIES AND RESPONSIBILITIES OF MRTs			
If the technologist is performing the exam without a radiologist, have they completed additional courses? If so, what were they? (record in observations) (ensure a radiologist is on site when Fluoroscopy procedures are being conducted).	○	○	○
Follow facility policy regarding situations where the use of chaperones may be appropriate.	○	○	○
Ensure the room is prepared for the procedure specified in the order.	○	○	○
Select and set up the equipment and materials needed for the procedure specified in the order.	○	○	○
Ensure correct patient identification (e.g. confirmation of patient name, date of birth, examination to be performed, and physician/authorized health professional authorization is present).	○	○	○
Confirm that the order is appropriate based on the patient history.	○	○	○
Ensure pertinent clinical history is available and supplement as necessary.	○	○	○
Ensure female patients are confirmed and documented – “Not Pregnant”?	○	○	○

	C	NC	NA
Inquire about and record any contraindications (e.g. recent Barium study) before starting the exam.	○	○	○
Ensure that the worklist contains the correct patient information (if applicable).	○	○	○
Obtain informed consent (oral or written as per facility policy) before each examination (after explaining the procedure and answering any questions).	○	○	○
Instruct the patient to remove only the clothing and items that will interfere with the procedure, providing the patient with a gown or sheet to cover areas where clothing was removed and explaining to the patient when and where the MRT may touch them and why.	○	○	○
Follow the facility examination protocols.	○	○	○
Follow facility protocols when unexpected findings are found that would require immediate attention (e.g. perforation).	○	○	○
Is cine available for esophageal studies? (If so, how many frames per second?)	○	○	○
THROUGHOUT THE EXAMINATION:			
Assess the patient's condition before, during and after the procedure or course of treatment and make modifications to procedures based on the patient's physical, medical and/or emotional status and needs.	○	○	○
Maintain patient comfort, privacy and dignity at all times.	○	○	○
Stop procedure if at any time the patient withdraws consent and record withdrawal of consent and reason as per site protocol.	○	○	○
Use radiation protection devices and other patient protection devices, as required, and record.	○	○	○
Use PPE (personal protection equipment masks/gloves/gown etc.) as required for the procedure and as indicated by personal risk assessment.	○	○	○
Make sure physical markers are present in the x-ray field but not within the anatomy of interest (electronic markers are considered a last resort only).	○	○	○
Ensure appropriate collimation is used. This can be verified by viewing the raw image.	○	○	○
Ensure that the orientation of the body and other pertinent parameters are marked correctly on the image and data.	○	○	○
Ensure the processed image provides diagnostic image quality while using minimal radiation (ALARA – As Low As Reasonably Achievable). Take corrective action if necessary and record explanation of sub-optimal imaging.	○	○	○
Exposure factors must be taken from technique charts (either manually posted in the control booth or electronically programmed into the anatomical programming of the generator control). Pediatric technique charts are available by weight for infant, toddler and child.	○	○	○
Ensure the door to the examination room is self-closing, marked with a radiation warning symbol and therefore closed during radiation exposures.	○	○	○

	C	NC	NA
Ensure film and or CR cassettes are stored appropriately and not left in the examination room (if applicable).	○	○	○
Ensure correct anatomy is displayed on image for accuracy of positioning.	○	○	○
Ensure that patient examination images and data contains patient name, ID number, date of examination and type of examination.	○	○	○
Ensure that each patient record has the MRT identifier to verify who performed the examination.	○	○	○
Ensure that each patient record has the Radiologist identified to verify who performed the examination.	○	○	○
Record exposure factors (only if non digital equipment).	○	○	○
Were infection control procedures followed? (ie. Cassette cleaned before or after exam, hand washing/sanitizer used before and after touching patient etc.).	○	○	○
Comply with privacy and confidentiality legislation such as the Personal Health Information Protection Act (Ontario). Was patient privacy maintained at all times?	○	○	○
IMAGE REVIEW:			
Are the images diagnostic?	○	○	○
Ensure adequate contrast and density on images.	○	○	○
Is collimation and R/L markers visible?	○	○	○

General Comments: *(Please use this section to provide overall comments regarding the technologist's performance, attitude, competency, what infection control measures were taken etc. Document products used.) Record the type of contrast used ie. Type of Barium, gas pills. Record if cine was used for esophagus, list views done post enema e.g. AP, PA both decubitus and post evac. Did the patient tolerate the exam?*

Recommendations: These recommendations must be documented in the Final Assessment Report

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