**Access to Lung Scintigraphy / CT Pulmonary Angiography**

**Descriptor:**

Speed of performing and reporting lung scintigraphy / CT Pulmonary Angiography (CTPA).

**Background:**

- The rapid and accurate diagnosis of pulmonary embolism is clinically important for effective management

- Prompt exclusion of pulmonary embolus reduces the likelihood of inappropriate treatment and an unnecessary in-patient stay

## The Cycle

**The standard:**

In-patient requests for lung scans / CTPA should be performed and reported within one working day of receipt and acceptance of the request form.

**Target:**

90%

## Assess local practice

**Indicators:**

The percentage of in-patient requests for lung scans / CTPA performed and reported within one working day.

**Data items to be collected:**

For each request, record:

• The date and time of receipt of the request form

• The date and time of the scan

• The date and time of issue of the report

**Suggested number:**

All requests accepted over a 3-month period.

**Suggestions for change if target not met:**

- In departments relatively reliant on lung scintigraphy, the availability may need to be increased, e.g. if it is performed only on certain days of the week

- Agree a protocol for investigating suspected pulmonary embolism to assist with the initiation of requests, in order to reduce unnecessary examinations and reduce the time taken for justification

- Scrutinise requests more carefully

- Scrutinise the organisational aspects of the nuclear medicine and CT service

**Resources:**

• Prospective data recording

• No assistance required

• Radiologist (8 hours)

• Radiographer (24 hours)

**References:**

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2. Miniati M, Pistolesi M, Marini C, Di Ricco G et al. Value of perfusion lung scan in the diagnosis of pulmonary embolism: results of the Prospective Investigative Study of Acute Pulmonary Embolism Diagnosis (PISA-PED). Am J Resp Crit Care Med 1996; 154: 1387-1393.
3. O'Neill JM, Wright L, Murchison JT.Helical CTPA in the investigation of pulmonary embolism: a 6-year review.Clin Radiol. 2004 Sep;59(9):819-25.
4. Mortensen J, Gutte H. SPECT/CT and pulmonary embolism. European Journal of Nuclear Medicine and Molecular Imaging. 2014;41(Suppl 1):81-90. doi:10.1007/s00259-013-2614-

**Editor's comments:**

CTPA added to audit as this is more commonly the modality now used.

**Submitted by:**

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