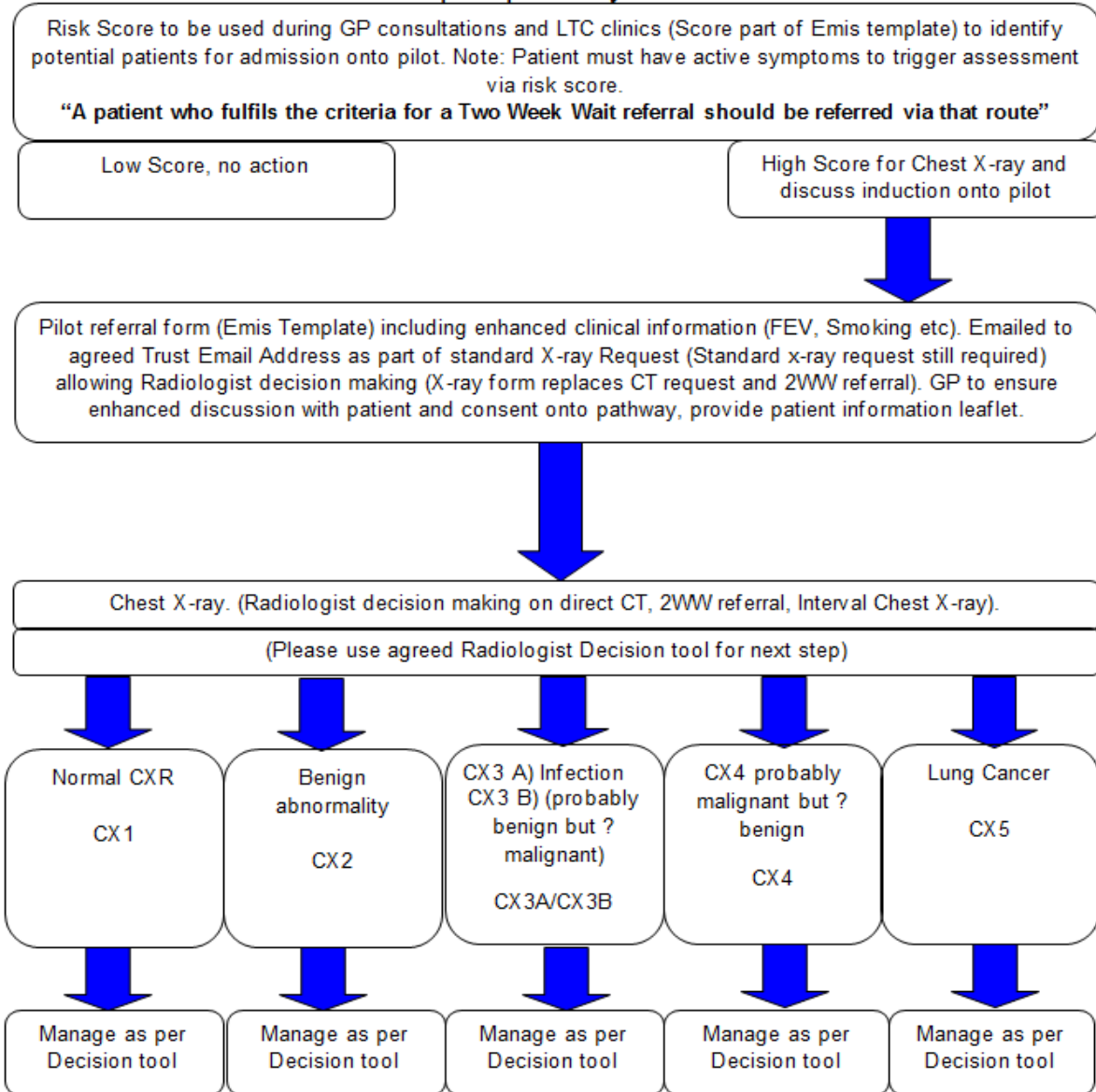


Somerset Radiology Decision Support Tool

Fig 1

ACE pilot pathway Overview



Code	Result	Radiologist action	Standard text with report and Management Plan
CX1 (Normal)	Normal CXR Equivocal CXRs should be discussed and repeated if necessary prior to the report going out and a decision made as to which of the 5 categories they fit into.	Report to primary care, patient back to GP.	A normal CXR does not exclude malignancy. If there is still a strong clinical suspicion referral to the clinic is advised With haemoptysis: A normal CXR does not exclude malignancy but minor/resolved haemoptysis without other symptoms has a low risk
CX2 (Benign abnormality)	Other Pathology – not normal CXR but abnormality that does not need further investigation	Report to primary care, patient back to GP.	No further action required - ? same standard text as CX1
CX3 A) Infection CX3 B) (probably benign but ? malignant)	A) Infection B) Abnormal uncertain pathology	A) Book repeat CXR. Communicate plan to Primary Care. Second CXR to be managed as per Pilot pathway. B) Book CT Communicate plan to Primary Care. CT results to be managed as per Pilot pathway.	A) Repeat CXR in 6 weeks. B) CT Scan booked
CX4 probably malignant but ? benign	Abnormal uncertain pathology – or pathology that needs further evaluation	Book CT scan, refer to MDT (MDT Co-ordinator to upgrade the patient onto the 62 day pathway). Report to primary care	CT scan booked
CX5	Lung Cancer	Book CT scan, refer to MDT (MDT Co-ordinator to upgrade the patient onto the 62 day pathway), report to primary care	CT scan booked and patient booked into fast track clinic