
Radiologist Contact Guide

05/07/2025

Radiologists are contacted numerous times throughout the day, often occurring in the middle of exam interpretation. While responding to questions is an important and expected part of the profession, interruptions can lead to missed findings and delayed reporting.

Listed below are guidelines for improving technologist-radiologist communication, including standardized messaging and common clinical scenarios.

1. **Phone calls:** If the **general radiology** (see pgs. 3-4 for common topics) question or situation requires immediate attention or image review, please call one of the following Cedar Rapids hospital radiology departments depending on your location. Do not call a radiologist directly for general radiology questions.
 - a. Locations:
 - i. **Outreach:** contact the reading room assistant/radiology desk of a Cedar Rapids hospital as assigned, who will then route you to the appropriate radiologist:
 1. St. Luke's Cedar Rapids (STL): 319-369-7956 or 319-369-7955
 - a. Jones Regional Medical Center (Anamosa)
 - b. Buchanan County Health Center (Independence)
 - c. Floyd County Medical Center (Charles City)
 - d. Virginia Gay Hospital (Vinton)
 - e. Waverly Health Center
 2. Mercy Medical Center Cedar Rapids (MMC): 319-398-6742 or 319-398-6050
 - a. Guttenberg Municipal Hospital
 - b. Regional Medical Center (Manchester)
 - c. Jackson County Medical Center (Maquoketa)
 - d. Washington County Hospital (Washington)
 - ii. **St Lukes UnityPoint System Greater Cedar Rapids area:** contact the St. Lukes reading room assistant 319-369-7956 or 319-369-7955.
 1. Sites include St. Lukes Cedar Rapids, St. Lukes Marion, and all UnityPoint outpatient, urgent, and acute care clinics.
 - iii. **Mercy Medical System Greater Cedar Rapids area:** contact the Mercy Hospital reading room assistant or radiology front desk 319-398-6742 or 319-398-6050.
 1. Sites include Mercy Medical Center Cedar Rapids, Mercy Hiawatha, Mercy Marion, and all Mercy outpatient, urgent, and acute care clinics.
 - b. **Radiologist order of contact** (*for use by STL and MMC radiology desks and reading room assistants only*)
 - i. General radiology questions
 1. First contact: 7-4 on-site MMC or STL radiologist
 2. Second contact: 9-5 on-site MMC or STL radiologist
 3. **Please note:** If a specific radiologist is the only member of their section (pg. 5) working that day, they should not receive any general radiology questions during their shift, regardless of location.
 - ii. Specialty specific radiology questions (pg. 5)
 1. STL: locate the subspecialist assigned to the hospital system on QGenda.
 2. MMC: locate the subspecialist assigned to the hospital system on QGenda.
 3. Outreach: call the assigned Cedar Rapids hospital radiology department or reading room assistant (section 1a).
 - a. STL and MMC radiology departments should attempt to evenly distribute questions from outreach sites between the appropriate subspecialists available, preferentially contacting radiologists on non-in-house shifts.

- c. Please have the clinical question, patient MRN, GFR (both current and priors), or any other relevant information immediately available.
2. **Messenger:** Reserved for RCI front office staff, St. Lukes and Mercy Medical Center reading room assistants and all MRI technologists (Cedar Rapids and outreach).
- a. Choose an appropriately trained radiologist for the clinical question or scenario (pg. 5).
 - i. STL and MMC reading room assistants and MRI technologists should locate the subspecialist assigned to the hospital system for the day on QGenda.
 - ii. RCI front office staff and outreach MRI technologists should attempt to evenly distribute questions between the appropriate subspecialists, preferentially contacting radiologists on non-in-house hospital shifts.
 - b. Messages should be sent with the following information **in order**:
 - i. The question to be answered, including any relevant information such as patient demographics (age/sex), type of exam and/or exam indication.
 - ii. Direct link to prior imaging or imaging in progress, MRN for UnityPoint
 - c. **Please send the direct patient link AFTER the clinical information or question as most radiologists will not open the link until they understand the question being asked.**
 - d. If the radiologist does not respond in an appropriate amount of time, please call the assigned reading room (STL or MMC) and ask to speak to the specific radiologist.

GENERAL RADIOLOGY QUESTIONS

Below are multiple common clinical scenarios that any radiologist can assist with, and questions should therefore be routed to the appropriate radiologist depending on location as detailed on pages 1-2. Please review as several situations described no longer require radiologist acknowledgement or approval.

1. Iodinated contrast allergies- **Official RCI Policy**
 - a. For patients with a true, documented mild or moderate allergic-type contrast reaction to iodinated contrast, one of the following protocols must be adhered to, dependent upon patient location:
 - i. Routine, scheduled studies:
 1. A complete premedication protocol approved by the ACR must be administered prior to examination (see pg. 6).
 2. This protocol is only applicable to patients with a history of mild or moderate contrast reaction (see pg. 6).
 - ii. Emergent studies: choose one of the following
 1. A complete premedication protocol approved by the ACR must be administered prior to examination (see pg. 6) **OR**
 2. The ordering provider or an ACLS-certified care provider must accompany the patient for the duration of their presence in the radiology department.
 3. This protocol is only applicable to patients with a history of mild or moderate contrast reactions (see pg. 6).
 - b. The above scenarios are the only options available for patients with a history of mild or moderate reactions to iodinated contrast media and therefore **do not require radiologist approval**.
 - c. A history of prior severe contrast reaction (see pg. 6) is a relative contraindication to receiving the same class of contrast medium in the future and therefore **requires further risk-benefit discussion with the ordering provider and radiologist approval**.
2. Patient GFR (**do not report creatinine as guidelines are based on patient GFR**)
 - d. CT – iodinated-based contrast
 - i. If a GFR is near, but greater than 30, this does not require radiologist approval unless the patient has experienced an acute decline (e.g., 90 to 35 in 2 weeks).
 - ii. Please have multiple prior/older GFR values immediately available when contacting the radiologist. If the GFR is consistently low (e.g., 20-30), contrast may still be administered safely.
 - e. MRI – gadolinium-based contrast
 - i. Group II agents (ProHance, MultiHance, Gadavist, Dotarem) have a sufficiently low to non-existent risk for nephrogenic systemic fibrosis (NSF).
 - ii. Assessment of renal function/laboratory testing is optional prior to administration.
2. Dialysis
 - a. CT – iodinated-based contrast
 - i. If the patient has chronic end-stage renal disease and does not produce urine, their hemodialysis schedule does not need to be altered, and they can receive iodinated IV contrast without issue. **This does not require contacting a radiologist**.
 - ii. If the patient is admitted and requires acute dialysis, they may benefit from prophylaxis or avoiding iodinated IV contrast. **The radiologist should be contacted if a contrast-enhanced CT is requested**.
 - b. MRI – gadolinium-based contrast
 - i. **Group II contrast agents only** (ProHance, MultiHance, Gadavist, Dotarem)
 - ii. Outpatients: dialysis must be performed within 24 hours of gadolinium contrast administration and patients should therefore be scheduled as such.

- iii. Emergent/inpatients: although preferred, performing dialysis within 24 hours of gadolinium contrast administration is not mandatory, and routine dialysis schedules do not require alteration although exams should be performed as close as reasonably possible.
3. Double contrast injections within 24 hours
 - a. CT – iodinated-based contrast
 - i. Patients with GFR >30 can safely receive multiple doses of iodinated contrast in a 24-hour period. **This does not require contacting a radiologist.**
 - ii. Patients with GFR <30 can receive multiple doses of contrast in a 24-hour period; however, **the radiologist should be contacted prior to the second dose.**
 - b. CT and MRI - iodinated and gadolinium-based contrast
 - i. Patients can safely receive both iodinated contrast and gadolinium contrast within a 24-hour period. Image quality should not be affected. **This does not require contacting a radiologist.**
 4. Pregnant patients
 - a. Emergent XR or CT examinations that **do not** include the fetus in the field of view (e.g., head CT, PE CT, chest or extremity x-rays)
 - i. **Do not require radiologist approval.**
 - ii. Continue to perform ‘radiation exposure in pregnancy’ consent protocols per the specific radiology department.
 - b. Emergent XR or CT examinations that **would** include the fetus in the field of view (e.g., trauma CAP or low-dose renal stone CT)
 - i. **Requires radiologist approval.**
 - ii. Low-dose renal stone CT can only be performed if urology has been consulted.
 5. Pediatric CT examinations
 - a. Emergent studies (emergency department, acute or urgent care clinics)
 - i. **Do not require radiologist approval.**
 - b. Non-emergent, outpatient studies ordered by subspecialists (e.g. ENT, cardiology, pulmonology)
 - i. **Do not require radiologist approval.**
 - c. Non-emergent, outpatient studies ordered by general practitioners
 - i. **Require radiologist approval.**
 6. Image review of specific examinations in progress
 - a. Pulmonary embolism CT suboptimal contrast bolus
 - b. Head CT for visualized hemorrhage.
 - c. Pediatric appendix, intussusception, or pylorus US
 - d. Adrenal protocol non-contrast CT series review
 - e. CT urogram ureter opacification review
 - f. Single phase bone scan
 - g. Non-medicated HIDA scan (inpatient)
 - h. Nuclear medicine GI bleed scan (inpatient)
 - i. Rule out metallic foreign body radiographs prior to MRI (orbits, extremities, etc.)

CURRENT RADIOLOGISTS

Subspecialty sections

Abdominal (body)

Michael Hanigan #
Scott Harring
Michael Macke #
Hannah Monahan
Wei Ouyang
Gary Schweiger

Breast

Steve Burke
Robert Dolan
William Fulcher
Laura Hemann #
Arnie Honick #
Sarah Pauley
Gary Schweiger
Brianna Seberger
Casey Shaffer

Chest

Steve Burke
Rich Seitz
Chris Welder

Interventional Radiology

Eric Ericson
Travis Merritt
Robert Schmall

Musculoskeletal

Larry Burr
Darren Davenport
Gerald Decker
Tamer Ghosheh
Michael Hierl
Manoj Rajagopal*
Casey Shaffer
David Van Roekel

Neuroradiology

Joel Dennhardt
Michaelangelo Fuortes
Glenn Hammer
Brenton Harris
Brian Hopper

Exam specific reading groups

Cardiac CTA

Steve Burke
Tamer Ghosheh
Hannah Monahan
Gary Schweiger

Cardiac MRI

Steve Burke
Rich Seitz

Pediatric hip ultrasound

Gerald Decker
Michaelangelo Fuortes
Michael Hanigan #
Michael Hierl
Brian Hopper

PET/CT

Joel Dennhardt
Michaelangelo Fuortes
Scott Harring
Brenton Harris
Brian Hopper
Hannah Monahan
Wei Ouyang
Gary Schweiger
David Van Roekel

Iodinated contrast media allergies and premedication regimens

Reaction types:

Mild	Moderate	Severe*
Limited urticaria, pruritis Cutaneous edema Limited 'itchy/scratchy' throat Nasal congestion Sneezing/conjunctivitis/rhinorrhea	Diffuse urticaria/pruritis Diffuse erythema, stable vital signs Facial edema without dyspnea Throat tightness/hoarseness without dyspnea Wheezing/bronchospasm, mild or no hypoxia	Diffuse edema or facial edema with dyspnea Diffuse erythema with hypotension Laryngeal edema with stridor and/or hypoxia Wheezing/bronchospasm, significant hypoxia Anaphylactic shock (hypotension and tachycardia)

*Future exams require radiologist approval

Pre-medication protocols:

Adult – standard '13 hour' protocol

Oral route (PO)		Intravenous route (IV)
50 mg Prednisone 13, 7 and 1 hour(s) prior to exam	OR 32 mg Methylprednisolone 12 and 2 hours prior to exam	200 mg Hydrocortisone: 13, 7 and 1 hour(s) prior to exam
AND		AND
50 mg Diphenhydramine PO/IM/IV Administer 1 hour prior to exam		50 mg Diphenhydramine IM/IV Administer 1 hour prior to exam

Adult – accelerated '4-hour' protocol

Only to be considered when a standard premedication protocol would adversely delay care decisions or treatment

Intravenous route (IV)

40 mg Methylprednisolone sodium succinate (e.g., Solu-Medrol): Administer immediately then every 4 hours until exam	OR	200 mg Hydrocortisone sodium succinate (e.g., Solu-Cortef): Administer immediately, then every 4 hours until exam
AND		
50 mg Diphenhydramine IV Administer 1 hour prior to exam		

Adult – alternative accelerated '4-hour' protocol

Typically used in the setting of a methylprednisolone allergy

Intravenous route (IV)

7.5 mg Dexamethasone sodium sulfate (e.g., Decadron): Administer immediately then every 4 hours until exam
AND
50 mg Diphenhydramine IV Administer 1 hour prior to exam

Pediatric – standard '13-hour' protocol

Appropriate IV doses may be substituted in patients who cannot tolerate medications by mouth

Oral route (PO)

0.5-0.7 mg/kg Prednisone (maximum dose: 50 mg) Administer 13, 7 and 1 hour(s) prior to exam
AND
1.25 mg/kg Diphenhydramine (maximum dose: 50 mg) Administer 1 hour prior to exam