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Imaging and ICU



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Advice from a radiologist

For the Imaging issue, ICU Management & Practice spoke to radiologist Dr. Marcelo Sanchez about radiology-ICU collaboration.

How can communication between radiology and ICU be optimised as both specialities become ever more complex?

The collaboration must be maintained by establishing protocols and consensus on image indications for the clinical processes analysed in the ICU. The best communication system is to organise multidisciplinary clinical board sessions to evaluate the cases and to create guidelines for each clinical situation. This communication is also important because clinicians consider all the ICU exams as urgent, even follow-up exams. It is important to talk not only about the indications but also about when the exam could be done. It is important not to overload the on-call staff with urgent exams that are not really urgent.

What are the financial considerations?

The imaging budget must be adjusted to the indications established in the clinical guidelines by consensus and exceptions must be analysed to try to correct them by following up and avoiding rejecting imaging requests. We do not refuse imaging due to financial considerations; we can only discuss the medical indication.

What imaging should be done at the bedside, and what should be done in the radiology department?

The ICU doctors don't like to move their patients, but currently, only x-rays and ultrasound studies should be performed at the patient's bedside and CT or MRI studies in the radiology department. However, with new technological advances and the possibility of performing portable CT studies it will be possible to bring the radiology service closer to the ICU.

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