NHS
Worcestershire Acute Hospitals NHS Trust

Diagnostic Imaging and Nuclear Medicine Inclusive Pregnancy Status (IPS) Form (B)

Patient Name: ……..

DOB: ……

NHS No: ……

For **ALL** patients aged between 12-55 years being exposed to Ionising Radiation above the knee and below the bottom of the lungs when either:

1. The patient lacks mental capacity and is unable to provide the information required for completion of Inclusive Pregnancy Status Form A.
2. The patient may be or is pregnant and the imaging is required urgently or in an emergency. (In all other circumstances the exam should be deferred until pregnancy can be excluded.)

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FOR REFERRING CLINICIAN TO COMPLETE:

Patient's sex registered at birth: male / female* (circle as appropriate)

If the answer above is '**male**', as referring clinician, please sign below (no further action is required).

If the answer above is '**female**', please read the information below and complete as appropriate.

I confirm that, acting as Referring Clinician, I have reviewed the clinical information on this patient who may be/is pregnant, or lacks mental capacity. I confirm that, in my opinion, the examination must be performed at this time due to the patient's clinical presentation.

	Yes	***No***
Does the patient have mental capacity at the time of the referral?	☐	☐
If Yes: Have you discussed the risks and benefits with the patient?	☐	☐
CT exams covering abdomen & pelvic area – *Have you* discussed this with a Radiologist*?*	☐	☐

- Radiologist Name: ……

Referring Clinician Name: …….. Position: ……

Signature: ……..Date: ……

……..

RADIOLOGY STAFF TO COMPLETE:

Operator Name: ……..……..……

Signature: …….. Date: ……

Nuclear Medicine only:

The patient meets the criteria authorised by the ARSAC license holder in the following SOW:
SOW Nuclear Medicine Radiographers to Protocol & Authorise Nuclear Medicine Referrals ☐

……..……

Patient Information / Declaration (to be completed if patient has mental capacity at the time of examination)

Worcestershire Acute Hospitals NHS Trust

Your doctor has asked that you have an examination using ionising radiation. Your current period date means that you are or could be pregnant. If you are pregnant then there would be some risk from radiation to the unborn baby.

Your doctor has reviewed the need for this examination and consider that it should still be performed even though you might be/are pregnant.

If you prefer not to have the examination, do not sign the form. We will enquire whether the examination should be rearranged for a time when you can be sure you are not pregnant.

If you are willing to have this examination performed today, please sign this form.

- I may be or am pregnant
- I understand that there are risks to an unborn child if I have an ionising radiation examination whilst pregnant as I have read and understood the information below
- I agree to the examination being performed

- Nuclear Medicine patients only – I have read and understood the provided information leaflet on Lung Scans and Pregnancy

Patient Signature: …….. Date: ……..

……

INFORMATION - For individuals of child-bearing age undergoing an imaging examination using ionising radiation

Ionising radiation (x-ray and gamma radiation) can have harmful effects on living cells and therefore the radiation dose per examination is limited to a level which is as low as is reasonably practicable.

Advice from the Health Protection Agency, The Royal College of Radiologists and the College of Radiographers ' Protection of Pregnant Patients during Diagnostic Medical Exposures to Ionising Radiation March 2009 is as follows:
The radiation dose to the embryo or fetus that is likely to result from any diagnostic procedure in current use should present **NO RISK** of causing any of the following:

- Fetal death
- Malformation
- Growth retardation
- Impairment of mental development

For diagnostic medical procedures, giving a fetal dose of up to 1 milligray, the associated risks of childhood cancer are very low (below 1 in 10,000) and judged to be acceptable when compared with the natural risk (around 1 in 500).
Exposure of pregnant women to higher dose procedures leads to fetal doses more than a few milligray- at the highest doses- may result in a doubling of the childhood cancer risk compared to the natural rate.
For most diagnostic radiation exposures of women in the first three to four weeks post-conception when pregnancy is unrecognised, the risks of childhood cancer will be very small (and probably much smaller than if the exposure had occurred later in pregnancy).
However, those few examinations yielding fetal doses in excess of about 10mGy e.g. CT abdomen and pelvis or some interventional procedures, could involve levels of risk that should be avoided, if possible, even in unrecognised pregnancies.
Radiation doses resulting from diagnostic procedures in pregnancy present a negligible risk of causing radiation-induced hereditary disease in the descendants of the unborn child.

If you require any further information or wish to discuss anything relating to this form in private, please let your Radiographer know.