№ 261

# Return for Imaging: A Descriptive Study of a Common but Under-Evaluated Diagnostic Pathway.

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## Introduction:

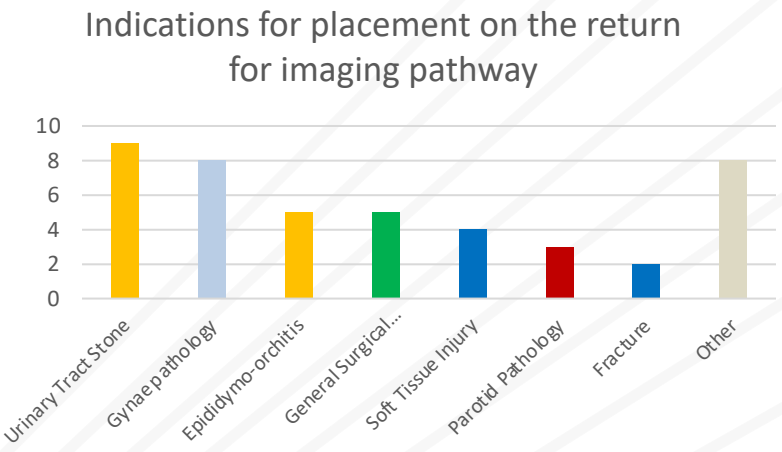
A 'return for imaging' pathway is a process where emergency department patients who present **out of hours** are discharged to return for imaging during daytime hours. It is a common and informal pathway for those requiring an urgent but not immediate scan.
Despite its **frequency of use**, this pathway remains **under evaluated**. This study aimed to characterise the use of a 'return for imaging' pathway in an emergency setting.

## Methodology

We conducted a retrospective cohort study of patients at the The Mater Misericordiae University Hospital ED, Dublin, over an 85-day period. A total of 61 patients were included. Patients with suspected DVTs and minor head trauma were excluded due to existing pathways. Data was extracted from the electronic patient record. Data recorded included time to return, imaging type, clinical impressions, diagnoses, documentation quality, and follow-up status.

## Results

The pathway was used predominantly for ultrasound (59%) and CT (39%), with the most common scans being US pelvis, US testes, and CT KUB. Frequent indications were urolithiasis, gynaecological pathologies, and epididymo-orchitis. Documentation gaps were notable: 31% lacked a pre-scan impression, and 80% had no post-scan plan.




Upon return, 83% of patients were **reviewed by a different clinician**, highlighting the **importance of high-quality handover**. No patents were deemed unsuitable for this pathway due to severity of presentation. Six patients (9.8%) either missed imaging or follow-up. Three were retrospectively deemed inappropriate for the pathway due to non-urgent presentations.

## Discussion

This study is the first to examine a 'return for imaging' pathway. It revealed that the pathway is primarily used for CT and US imaging of specific pathologies. It highlighted inconsistent documentation and handover especially regarding impressions and plans.

## Conclusion

The return for imaging pathway plays a significant role in resource driven ED operations but lacks standardisation. Key areas for improvement include **clinician documentation, patient selection**, and **ensuring continuity of care**. Formalising and further exploring this process would inform safe implementation of similar pathways in other emergency care settings.