



INODAYAHospitals - Kakinada

Documentation code:

INH/AAC.Doc.No:22

Policy on Scope of service - Radiology

Prepared Date: 05/09/2023

Reference: AAC.g. b.c NABH Standards – 5th Edition

Issue date: 05/09/2023

Issue No:2

Review NO:01

Review Date: 04/09/2024

SCOPE OF SERVICES AND TAT OF RADIOLOGY AND IMAGING DEPARTMENT

- The scope of services of the department shall be clearly defined.
- Radiology services shall be provided to meet the needs of the patients.
- The scope of services of radiology department is commensurate to the services provided by the organization
- The infrastructure and manpower is adequate to provide for its defined scope of services

1.0 POLICY

The test results for the Imaging tests performed in our hospital are available to the patient/ relatives/ward in-charge in the defined time frame

2.0 PURPOSE

2.1 To have a defined time frame for each test of imaging services

2.2 To have monitoring system for the same to address the deviances

2.3 To take preventive and corrective action against preventable and correctable measures

3.0 DEFINITION

3. TAT - The interval between when a test is requested to the time the test results are available

4.0 RESPONSIBILITY

Radiologists, Radiology Technicians, Radiology receptionists

Prepared by: 	Verified By 	Approved by: 
Dr. Gayatri	Dr. D.N.S. Prakash	Mrs. G.. Lakshmi Lavanya
Radiologist	Medical director	Chief executive Officer



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RADIOLOGICAL SERVICES OFFERED

CT SCAN

01. Brain Plain and with contrast
02. Whole abdomen plain and with contrast
03. Spine regions (Cervical, dorsal, lumbar sacral coccyx)
04. Extremities
05. Neck Plain and with contrast
06. Facial Bones
07. PNS
08. Lower abdomen plain and with contrast
09. Upper abdomen Plain and with contrast
10. Chest Plain (HRCT) and with contrast
11. KUB Plain and with contrast
12. Orbit/eye
13. Mandibular
14. CT guided biopsy

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X-RAY

01. Chest AP and PA view
02. Spine (Cervical, Dorsal, Lumbar, Sacral, Coccyx)
03. Skull AP and Lateral
04. PNS
05. Knee AP and Lateral
06. Pelvis AP
07. Humerus AP and Lateral
08. Foot AP and Lateral
09. Ankle AP and Lateral
10. Shoulder AP and Lateral
11. IVP
12. Gastrograffin Study
13. Barium Studies of G.I Tract
14. Abdomen Erect
15. Elbow AP and Lateral
16. Femur AP and Lateral
17. Hand AP and Lateral
18. Leg AP and Lateral
19. Skyline view

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ULTRASOUND

- 01. Whole abdomen
- 02. Chest
- 03. Breast
- 04. Trans vaginal ultrasound
- 05. Neck
- 06. KUB
- 07. Axilla
- 08. Obstetric
- 09. Testis
- 10. soft tissue
- 11. Fine Needle Aspiration Cytology
- 12. Ultrasound guided biopsy
- 13. Pleural tapping, ascitic tapping
- 14. Doppler (Carotid, Renal, Arterial, Venous)

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SERVICES NOT AVAILABLE ARE

1. Nuclear Medicine
2. Mammography
3. MRI

Document Revision History

DOCUMENT REVISION HISTORY		
Version	Date of issue	Reason for Revision
Original version - 1	10/03/2022	Prepared 5 th edition
Revised version - 2	05/07/2023	Periodic revision and update
Revised version - 3		
Revised version - 4		
Revised version - 5		

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