

CI.L Produce Single Photon Emission Computed Tomography (SPECT) and Single Photon Emission Computed Tomography (SPECT/CT) images for diagnostic purposes

OVERVIEW

This standard is concerned with the use of Single Photon Emission Computed Tomography (for gamma rays only) and Single Photon Emission Computed Tomography (for both gamma and X-rays) equipment and procedures to produce images for diagnostic purposes. It includes selecting the most appropriate scan protocol depending on the individual's condition and clinical history. Key people are those involved in the individual's care and others involved in provision of services. Users of this standard will need to ensure that practice reflects up to date information and policies. Version No 1

KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. legal, organisational and policy requirements relevant to your role, the role of others in your organisation and the activities being carried out
2. the relevant national and local standards, guidelines, policies and procedures that are available and how and when they should be accessed
3. the importance of respecting individuals' culture, privacy, dignity, wishes, beliefs and decisions
4. the limitations of your own knowledge and experience and the importance of operating within your scope of practice
5. the roles and responsibilities of other team members
6. the importance of obtaining valid consent in line with national and local guidelines
7. clinical appropriateness of the examination request and the action to take when the request is not appropriate
8. the gross surface and cross-sectional anatomy of the areas to be scanned
9. the relevant physiology of the areas to be scanned
10. the harmful effects of radiation to the human body and use of radiation protection equipment
11. how to apply the principles of time, shielding and distance to reduce radiation exposure to staff
12. the medical terminology relevant to the examination including abbreviations
13. contra-indications to SPECT and SPECT/CT scanning including the clinical

- implications of any allergies, pregnancy status and breastfeeding status relevant to the examination
- 14.the aseptic techniques involving in intravenous cannulation
 - 15.the care and preparation of intravenous access routes for dose administration
 - 16.the physiological uptake pathways and half-life for different SPECT radioisotopes and the impact upon optimal image quality
 - 17.the physical, biological and effective half-life of the radioisotopes used and consequently the radiation protection aftercare advice for individuals and key people
 - 18.the calculation of administered radioactivity to an individual
 - 19.the calculation of residual radioactivity post injection of radioisotope
 - 20.the different energy levels of the radioisotopes employed and the subsequent choice of collimator to optimise image quality
 - 21.the identification of an optimal ECG trace for gated SPECT and SPECT/CT scans
 - 22.the process and technique for radiolabeling individuals blood cells
 - 23.the common normal variants and their appearance on SPECT and SPECT/CT images
 - 24.common pathologies of the areas to be scanned and their appearance on SPECT and SPECT/CT images
 - 25.manifestations of individuals' physical and emotional status
 - 26.when additional images are required to aid diagnosis and to enhance the examination
 - 27.production, interactions and properties of x-rays and gamma rays
 - 28.the physical processes involved in the production of SPECT and SPECT/CT images, scanning techniques and protocols
 - 29.the ways in which SPECT and SPECT/CT images can be captured, processed and permanently stored
 - 30.the physical principles of SPECT and SPECT/CT scanning
 - 31.alternative imaging examinations that may be employed alongside SPECT and SPECT/CT
 - 32.the technical and diagnostic quality requirements of the image
 - 33.artefacts on images - their causes and avoidance strategies
 - 34.factors which influence the decision to repeat images or take additional SPECT and SPECT/CT images
 - 35.the safe operation of the SPECT and SPECT/CT scanners and accessories in their use
 - 36.the use of quality assurance equipment, recording results and taking appropriate action
 - 37.equipment capabilities, limitations and routine maintenance including the quality control processes required by the operator
 - 38.the importance of timely equipment fault recognition and local procedures for reporting these
 - 39.how to adapt communication styles, ask questions, and listen carefully in ways which are appropriate to the needs of the individual
 - 40.methods of communicating difficult and complex information to individuals and key people
 - 41.the importance of providing individuals and key people with opportunities to ask questions and increase their understanding
 - 42.the importance of respecting individuals culture, privacy, dignity, wishes, beliefs and decisions
 - 43.the information that should be given to individuals before, during and on completion of the examination
 - 44.preparation of the environment, individual and equipment for SPECT and SPECT/CT scanning
 - 45.procedures relating to recording, collating and preparing appropriate information,

documentation and images for transfer or storage according to local protocols
46.how to keep full, accurate and clear records in line with organisational procedures

PERFORMANCE CRITERIA

You must be able to do the following:

- 1.apply standard precautions for infection control and other appropriate health and safety measures
- 2.ensure all necessary preparations have been made by the individual and staff before starting the procedure
- 3.check and prepare the equipment required for the examination
- 4.ensure the environment is conducive to maintaining the privacy and dignity of the individual
- 5.check the identification details before commencing the procedure in accordance with local policies and procedures
- 6.introduce yourself and other members of staff present during the examination
- 7.communicate with the individual / key people to facilitate their understanding of and co-operation with the examination
- 8.establish the individual's capacity to understand the procedure with the help of key people if necessary
- 9.obtain valid consent for the procedure in accordance with national and local guidelines
- 10.respect the individual's privacy, dignity, beliefs and decisions
- 11.check individuals of child-bearing potential for pregnancy or possible pregnancy and breast feeding status, if appropriate to the examination, and take action in accordance with local protocols
- 12.confirm the status of key people before the examination and, where their presence is required, adhering to local guidelines
- 13.clearly explain the procedure and possible outcomes, including risk, benefits and limitations
- 14.check for any contraindications for the proposed procedure and take appropriate action in response to identified risks
- 15.prepare the site for intravenous access
- 16.obtain intravenous access using cannulation
- 17.administer radioisotopes using the appropriate equipment
- 18.obtain blood samples for radiolabeling and reinject radioactive blood into the individual
- 19.correctly place ECG stickers onto an individual in order to obtain a quality ECG trace
- 20.enter the identification details of the individual into the SPECT and SPECT/CT scanners or, if details have previously been entered, check them for accuracy
- 21.accurately select all parameters required for the scan according to local scan protocols for the procedure, assess for any required modifications and take appropriate action
- 22.position the individual and adjust their clothing according to the protocols for the examination to be performed in a manner which allows an optimal outcome to be achieved while:
 - 1.recognising the individual's need to retain their dignity and self-respect
 - 2.ensuring their comfort as far as possible
 - 3.preventing the appearance of artefacts

- 23.check the room prior to making the exposure to ensure that only essential, protected persons remain with the individual, that all local protocols have been adhered to and take appropriate action if this does not occur
- 24.commence the scan and monitor the individual's condition and compliance throughout the procedure and take action appropriate to their needs
- 25.view the images on completion of the scan to ensure they are technically acceptable and suitable for diagnostic purposes
- 26.create multi-planar reformats (MPR) from the relevant datasets as appropriate
- 27.review images for clinical acceptability, take appropriate action, including further imaging if required
- 28.monitor and record the individual's exposure to ionising radiation throughout the procedure according to local protocols
- 29.observe the individual's condition and well-being at all times and take appropriate action
- 30.following the preliminary imaging examination, inform the referring or reporting clinician if an abnormality is observed on the image which is likely to require further investigation or treatment
- 31.provide the individual with information relating to the procedure and aftercare where necessary
- 32.explain the process for obtaining results
- 33.optimise, record, collate and prepare appropriate information, documentation and images for transfer or storage according to local protocols
- 34.verify that the images have arrived/been stored according to local protocols
- 35.recognise where help or advice is required and obtain this from appropriate sources

ADDITIONAL INFORMATION

This National Occupational Standard was developed by Skills for Health. This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):Dimension: HWB6 Assessment and treatment planning