

- JA – welcomed all. Apologies for short notice for the meeting. Introductions to Dot and Mark.
- A closed facebook group has been set up for CT SIG. This is private but remind all that join to remain professional at all times and adhere to social media policy. Hopefully generate good discussion on this platform.
- Last meeting in Edinburgh was very positive. Lots of talk was generated from this gathering. Good representation at it and hoping SIGS can build from this.

Paediatric Dose Optimisation – Mark Worrell MPE for Tayside

- Nationally very hard to get paediatric dose level data. The DRLs set at present from data which is very much out of date. National project on the way ie April 2019. For head, c-spine, chest and abdomen/pelvis scans which will require a weight to be submitted excluding head scans. Data sheets will be shared to all health boards. This audit will run for 4 months and is a prospective study and the hope there will be enough data to update the national DRLs.
- MW very keen that SIGs group feeds in directly to the work himself and colleagues are doing with MPnet.
- MW is eager for all health boards to actively use their local MPE and if there are any projects idea to be shared with the MPE in the hope MP trainees will undertake project.
- Education is a huge thing and MW is willing to take this topic back to his MPE colleagues and see what educational talks have been offered in the past and can expand on this and offer any health board lunch time talks on CT subjects ie – basic principles of ct or other short topics. This may include a national teaching resource for new radiographers into CT. **Action MW**
- MW touched on the project undertaken by a large number of Scottish hospitals where 3 paediatric phantoms were scanned. The 3 varied in age. It was found from this study the radiographers used either –
 1. The manufactures default paediatric protocol
 2. A dedicated paediatric protocol
 3. A manipulation of an adult protocol

However no one thought to look at the minimum mAs when changing the adult protocol to a child. All hospitals were informed of the results. There is a hope this project will be redone at some point.

Contrast Recycling – GE

- Almost all of the group take part in this recycling
- This has national procurement involvement
- Most of the group also utilised the use of 500ml bottles of contrast.
- DR was asked about the use of Omnipaque being used orally for the bowel prep in CT Colons. JA stated this was used in the Borders but they still receive some phone calls from anxious patients who query if they should be drinking this as it states on the bottle for iv or inter cavity use only. The group discussed there might be a need for a patient information sheet from GE. DR has asked GE Marketing Dept about this before. **Action DR**
- There were further discussions from the group about what other hospitals use for CT Colons for patient prep and the national shortage of Gastrograffin. **Action JA – to share with the group diet sheet and schedule for CT Colons.**
- Weight based contrast was discussed. Sick Kids in Edinburgh weigh all patients. DR stated GE have a free program which can be offered and shared to interested departments. This program works out what volume of contrast is required for each patient when data is inputted ie weight, kvp, egfr....
- DR was keen for the group to know she is more than willing to offer educational lunch time talks for any department on contrast subjects ie chemistry, adverse events...

AOB

- When to ask LMP was raised to the group. Mixed response. Some radiographers ask for all scans i.e. head. Some just ask for scans that are below diaphragm. MW stated there is clear guidelines on this and is happy to share them with the group so a level of consistency is reached across the board. **Action MW**
- The need for a contrast checklist was discussed. Edinburgh, Lanarkshire and Borders all complete one for each patient – which is either stored in a folder or scanned in via RIS. Glasgow doesn't. LH stated FV don't have a checklist as such but all information is stored via the RIS post examination box. JA asked the group is there a need if the information can be stored on another platform? **Action JM to share checklist with group**

Next meeting tba. The hope is for it to be end of August in Edinburgh.