

## **Gynecological-Oncology Patient Flow and Imaging Protocol**

**Objective:** To reduce the amount of CT imaging of Gynecological-Oncology patients and improved throughput of these patients through the Emergency Department.

### **Protocol:**

1. **Hemodynamically Unstable Patients:** If a patient presents hemodynamically unstable, Emergency Department physicians and residents are to stabilize and image as needed. When time permits, please alert the on-call Gyn/Onc Physician of their presence in the ED.
2. **Hemodynamically STABLE Patients:**
  - a. If an active Gyn/Onc patient presents to ED with complaints likely related to their existing disease (i.e. worsening pain, abdominal distension, nausea with vomiting, fever), goal is to involve the on-call Gyn/Onc Physician as early as possible in the workup and admission process as most workup can be completed as inpatient.
    - i. This can be performed even if patient presents and is in the ED waiting room, should time allow
  - b. If stable, defer CT imaging until discussing with Gyn/Onc physician on call
  - c. If likely septic but patient and hemodynamics are overall stable, initiate sepsis protocol per ED policy but have early discussion with Gyn/Onc physician about admission and need for imagery.

Any questions or discussions about aforementioned recommendations should be directed to respective departmental medical directors or on-call attending physicians.

**Guideline: ED provider to discuss with GYN consult team or on-call PGY-2 prior to repeating a CT or MRI previously obtained within the past 3 weeks for GYN cancer patients.**