**Cardiac Imaging SOP During COVID-19**

**Existing Outpatient Requests**

* Non-urgent/routine CTCA and CMR will be placed ‘deferred’ folder [GC will look at existing CMR requests and DG will do so for CTCA]. These cases will need to be revisited once normality returns. It is anticipated that the drop in cardiology OP activity will have a concurrent drop in imaging activity.
* If referrers identify outpatients with routine requests in the system in which the scan now needs to be done urgently, they will contact the cardiac imaging team.
* Urgent booked CCT and CMR will be done as long as radiology department has the capacity –this will be dependent on staffing (consultants as well as radiographic) as well as scanner capacity (scanner throughput is affected by the need to do a full clean (~30min) between cases that are suspected or confirmed to have COVID.

**New Outpatient Requests**

* Limited to scans that will change management during the course of the next 3 months – referrers will request on Cerner as URGENT.
* For CMR, likely to be mainly 1) LV thrombus 2) suspected cardiomyopathy (eg ACM) or infiltrative condition in which ICD/PPM would be considered during next 3 months 3) suspected inflammatory cardiomyopathy 4) suspected cardiac mass 5) amyloid in which treatment would be considered in next 3 months but referrers should discuss if they identify other indications.
* Patients being reviewed by telephone clinic identified as needing routine CTCA/CMR scans – patient to be brought back to referrer’s virtual clinic in 3 months rather than requested routinely at this stage.

**New Inpatient Requests – Not Known to be COVID+**

*HH: Service, SMH: Limited ad-hoc CT Service, CXH: No Service*

* Urgent IP CCT and CMR will be done based on individual case discussion between cardiology consultants and cardiac imaging consultants.
* As much as possible, CCT and CMR provision will be based mainly at HH with only an ad-hoc service at SMH.
* Only urgent IP CTCA will be done at SMH - this will be on the 3rd floor scanner which is of lower specification than the usual scanner.

**New Inpatient Requests – Confirmed COVID+**

*HH/SMH: Discouraged – discuss with Cardiac Imaging Consultant. CXH: No service*

* Early experience from China and Northern Italy indicates that troponin rises (and ECG changes) may be part of COVID-19 and is likely to be due to myocarditis.
* These scans are resource intensive in terms of transfer and post-scan cleaning, and risks exposing additional healthcare workers.
* We envisage limited requests in this patient group but please discuss with Imaging Consultant.

**Staffing/Resillience**

Every day, there will be one Cardiac imaging consultant on site at Hammersmith.

Currently we have 3 radiologists (Deepa Gopalan, Ben Ariff, Ed Barden) and 1 Cardiologist (Graham Cole). EB will go on paternity leave from 28th April. This will leave a small team of 3 (DG, BA, GC).

Of these only GC has remote access for CMR. Radiology is looking to provide remote access for the radiology team as a whole but this is not going to be possible until mid-April, if that.

Staffing situation will likely be subject to change as situation unfolds.