Ceretom Mobile CT Scanner in Neuro-Intensive Care;

Aspects in Regulatory Compliance and Radiation Protection

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Issues in Neurological Care of the Patient

- 1. The time to complete an image can be critical to successful outcome for the patient.
- 2. Moving fragile patients with head trauma can lead to adverse incidents for patient.
- 3. Two week audit into neurological patients requiring urgent scans.
 - ▶ 85% infusions/ventilated
 - > 95% arterial lines
 - ➤ 16% patients problematic
 - Median time of scan 55min (range: 35-110min)

Medical Physics Issues

Ceretom designed for US market: 50mSv versus 20mSv dose limit.

Compliance with IRR99

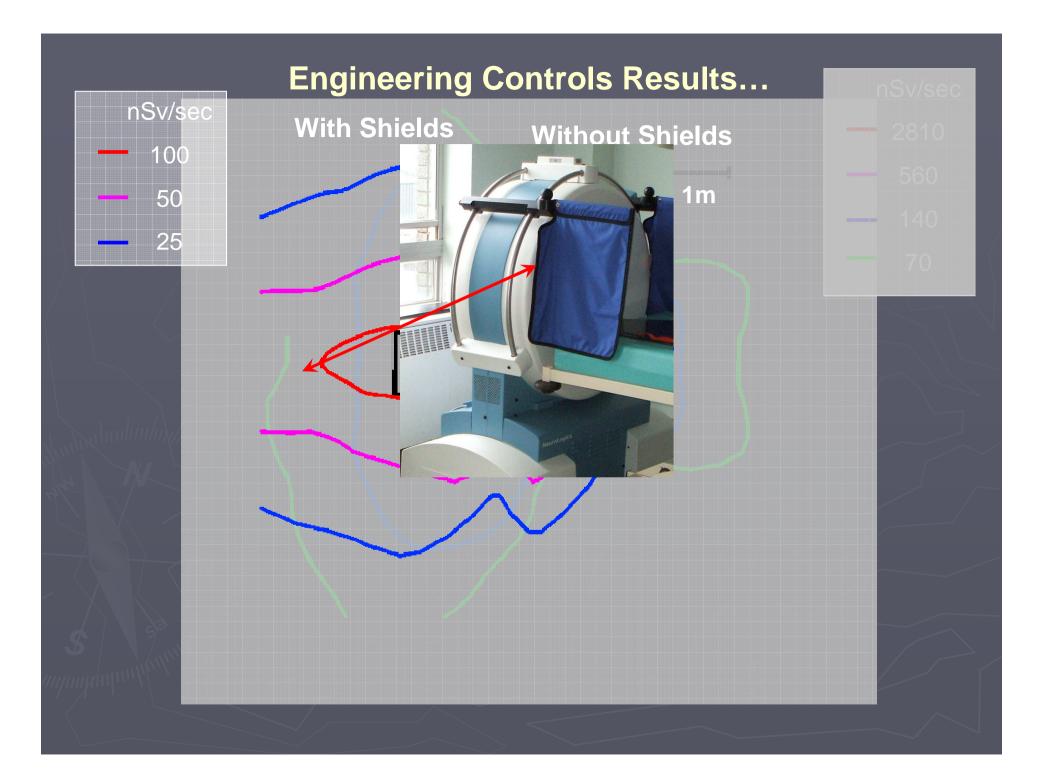
- (8) restriction of exposure
- (16) CA designation
- (18) control of entry to CA
- (31) manufacturers duties

Compliance with ACOP 79

Compliance with H&S(1974) (trap hazard, audible warnings etc.)

Radiation Protection Methodology

- Increased internal shielding
- Development of "shadow shields"
- More realistic patient based scatter map
- CA/SA calculation based on above map
- Simulation of work on the ward
- Monitoring

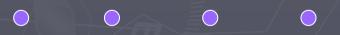


Scatter Map Measurements to define the CA/SA





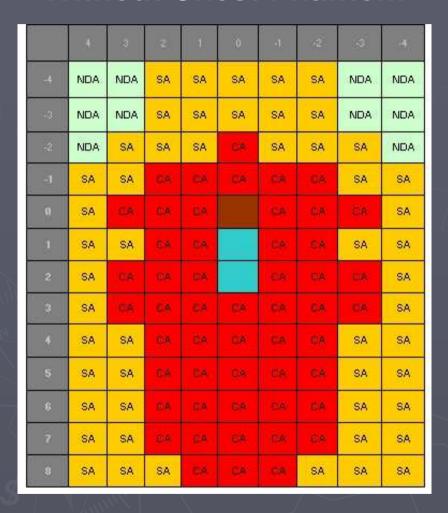


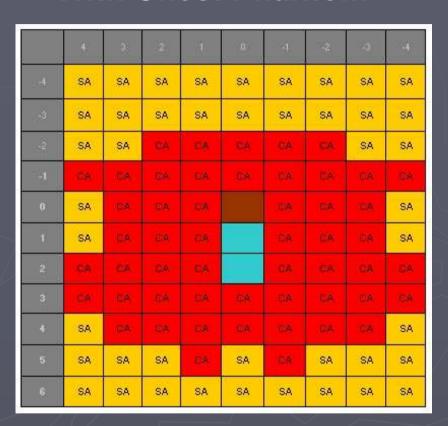






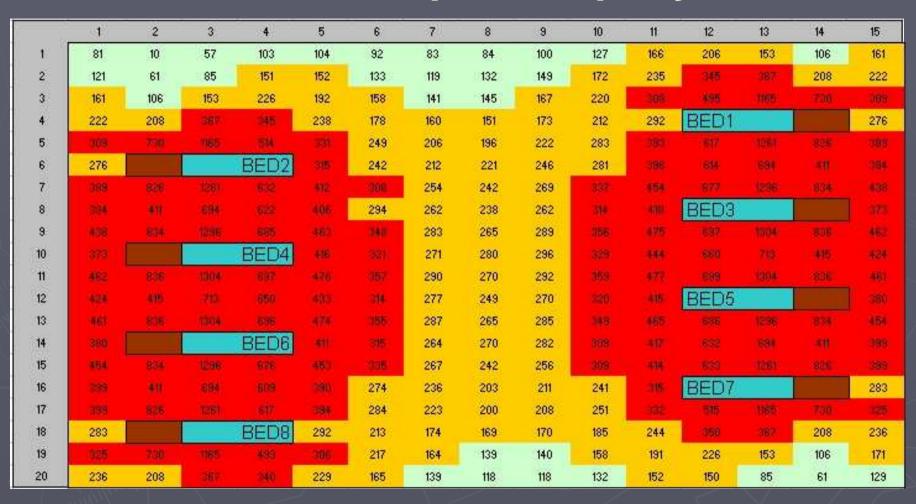
Controlled and Supervised Area Designation Without Chest Phantom With Chest Phantom



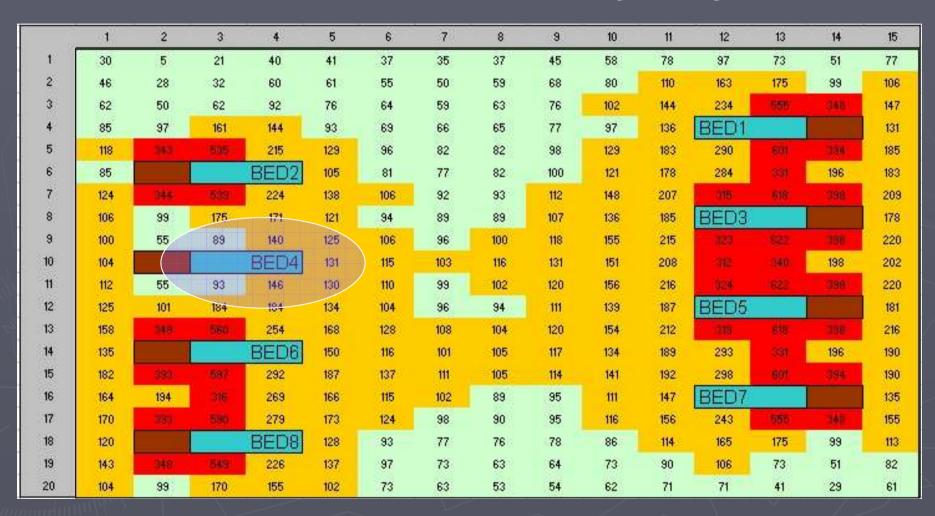


Each Square = 1m X 1m

Total Cumulative Annual Dose (μSv) based on 105 Scans per bed per year



Total Annual Patient Dose (µSv) based on a maximum 60 day stay



Annual Staff Dose (µSv) based on a 40 week working year

no	91	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	41	5	29	51	52	46	41	42	50	63	83	103	76	53	81
2	61	30	43	75	76	66	59	66	75	86	118	172	184	104	311
3	81	53	76	113	96	79	71	72	84	110	154	247	580	366	154
4	111	104	184	173	119	89	80	76	87	106	146	BED1			13:
5	154	365	580	257	166	124	103	98	111	142	197	388	630	0.00	19
6	138			BED2	158	121	106	111	123	140	198	307	3477	205	19
7	194	410.	880	316	206	154	127	121	134	168	227	038	548	407	21
8	192	205	348	88	203	147	131	119	131	157	205	BED3			18
9	219	#17	948	942	232	174	142	132	144	178	237	348	652	#18	2:
10	186			BED4	208	161	136	140	148	165	222	300	0897	208	21
11	231	Alls	-652	349	238	179	145	135	146	179	238	349	650.	418	23
12	212	208	357	585	216	157	138	124	135	160	207	BED5			19
13:	230	400	652	969	237	177	143	132	143	175	232	369	646	#17	22
14	190			BED6	205	158	132	135	141	154	209	316	3877	205	20
15	227	487	848	338	227	167	133	121	128	155	207	467		400	19
16	200	205	347	305	195	137	118	101	105	121	157	BED7			14
17	199	410	690	309	197	142	111	100	104	125	166	257	680	385	16
18	141			BED8	146	106	87	84	85	93	122	175	184	104	711
19	162	365	587	247	153	109	82	70	70	79	95	113	76	53	86
20	118	104	184	170	115	82	70	59	59	66	76	75	43	30	64

Main conclusions from discussions with HSE

- •HSE: Ceretom can only be used when Trust can medically justify why imaging in a dedicated CT facility is impracticable.
- •HSE: the Ceretom service must be 24/7 to justify use.
- •HSE: Equipment calibration must be done with shadow shields closed.
- •HSE: Audible buzzer in addition to flashing warning lights required.
- •Local rules:
 - >Extension of Radiographer responsibilities: responsibility of the control of access to CA.
 - ➤ Radiographer will wear a 0.35mmPb coat in case of emergency and complete scan behind lead screen.
 - ➤ Staff may in exceptional circumstances attend an adjacent patient from the side of the bed furthest from the Ceretom.

Literature

Gentleman *et al.*, (1990) Lancet **335**:330-4.

Gentleman *et al.*, (1993) Br Med J **307**:547-52.

Wadell, (1975) Br Med J 2:417-9.

Masaryk *et al.*, (2008) Radiol Manage, **30(2)**:50-4.

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