

INPATIENT & ER PATIENT BREAST POLICIES

GENERAL COMMENTS

- The only routinely appropriate indications for breast imaging in an ER patient or inpatient are for the evaluation of suspected mastitis/abscess or evaluation of advanced breast cancer as the presenting symptom.
 - For suspected mastitis/abscess - Use an ultrasound chest requisition rather than a MA US Breast requisition. This can be ordered by any provider.
 - For advanced breast cancer – Evaluation of these patients is at the discretion of either the radiologist in the breast center or the biopsy radiologist. The order for mammography, breast ultrasound and/or biopsy (use standard MA requisitions) must come from a clinician who will follow the patient as an outpatient (e.g. breast surgeon, hematologist/oncologist, radiation oncologist or OB/GYN). A clinician who only treats inpatients (hospitalist) cannot be the ordering clinician as he/she has no mechanism to ensure proper patient follow-up after discharge.
- Evaluation of incidentally detected breast findings in an ER patient or inpatient is generally considered inappropriate, particularly when the patient's outside breast imaging is not already available.