

PAED NEURO IMAGING i.e. <16 YEARS ON DATE REQUESTED

[illegible]

Summary Sheet

Please approach your Radiology / Imaging Department and discuss this proposed clinical audit with them. They may be able to collect the data automatically and give you a print-out without having to complete the table. Data on a patient is written in each row of the table, use a tick to indicate which Imaging procedure was done, and write the time waited in days in the final column. You may wish to record other data in addition for local use e.g. date request received in the department.

I suggest you ask them to provide the data for **one calendar month**. Please summarise the data below, keep a copy for local use and return the summary sheet to:

Dr W Whitehouse
E Floor East Block
Queen's Medical Centre
Nottingham NG7 2UH

All summary data will be kept securely and confidentially and an overall summary compiled, including the names of participating departments but not including department's individual data. This will be circulated to all contributors.

Contributor's name and contact address:

Radiology / Imaging Department's name:

Date of audit: from / / to / / .

Procedure	Number done	Waiting Time		
		Mean	Median	Range
Out-patient awake MRI brain				
Out-patient awake MRI spine +/- brain				
Day-case sedated MRI brain				
Day-case sedated MRI spine +/- brain				
Day-case GA MRI brain				
Day-case GA MRI spine +/- brain				
In-patient awake + sedated MRI brain				
In-patient awake + sedated MRI spine +/- brain				
In-patient GA MRI brain				
In-patient GA MRI spine +/- brain				
Other specified type:				