

WAC 246-926-300 Radiologist assistant scope of practice. (1)

For the purposes of this section, "diagnostic agent" means a substance used in radiologic technology to reveal, pinpoint, and define the localization of a pathological process, such as contrast preparations, radioactive isotopes, and dyes.

(2) In addition to diagnostic radiologic technologist tasks in WAC 246-926-165, a radiologist assistant may perform advanced diagnostic imaging procedures under the direction of a supervising radiologist. Those procedures include, but are not limited to:

- (a) Enteral and parenteral procedures;
- (b) Injecting diagnostic agents to sites other than intravenous;
- (c) Diagnostic aspirations and localizations; and
- (d) Assisting radiologists with other invasive procedures.

(3) The tasks a radiologist assistant may perform include the following:

(a) Preimaging procedures.

(i) Procedures that may be performed under general supervision:

(A) Review of medical records to verify patient and procedure; obtain medical history and vital signs; perform physical examination, evaluate medical record, history, and physical examination for contraindications for the procedure for compliance with preparation instructions for the procedure, pregnancy, medications. Discrepancies and contraindications must be reviewed with the supervising radiologist;

(B) Discuss examination and procedure details, including risks, benefits, and follow-up instructions with patient or patient representative;

(C) Obtain informed consent, patients must be able to communicate with the radiologist for questions or further information as needed;

(D) Apply electrocardiography or leads and recognize life threatening abnormalities;

(E) Routine urinary catheterization;

(F) Venipuncture;

(G) Administer oxygen as prescribed; and

(H) Position patients to perform required procedure, using immobilization devices and modifying technique as necessary.

(ii) Procedures that may be performed under direct supervision: Nonroutine catheterization for known anatomic anomalies, recent surgeries.

(b) Pharmaceuticals.

(i) Imaging agent procedures that may be performed under general supervision:

(A) Monitor intravenous IV or flow rate; and

(B) Monitor patients for side effects or complications and report findings to the supervising radiologist as appropriate.

(ii) Imaging contrast agent under direct supervision:

(A) Administer contrast agents and radiopharmaceuticals as prescribed by the radiologist; and

(B) Provide information to patients on the effects and potential side effects of the pharmaceutical required for the examination.

(iii) Oral medications, excluding imaging agents, always require direct supervision.

(iv) Parenteral medication administration procedures, excluding imaging agents, requiring direct supervision:

(A) Monitor IV flow rate; and

(B) Monitor patients for side effects or complications and report findings to the supervising radiologist as appropriate.

(v) Parenteral medication administration procedures, excluding imaging agents, requiring personal supervision:

(A) Administer general medications as prescribed by the radiologist;

(B) Administer conscious sedation medications as prescribed by the radiologist; and

(C) Provide information to patients on the effects and potential side effects of the pharmaceutical required for the examination.

(c) Imaging procedures.

(i) Procedures that may be performed under general supervision:

(A) Operate a fixed or mobile fluoroscopic unit;

(B) Document fluoroscopy time; and

(C) Assess patient's vital signs and level of anxiety and pain, inform the radiologist when appropriate.

(ii) Fluoroscopic examinations and procedures that require direct supervision:

(A) Upper GI;

(B) Esophagus;

(C) Small bowel studies;

(D) Barium enema;

(E) Cystogram, including voiding cystourethrogram or VCUG;

(F) T-tube cholangiogram;

(G) Hysterosalpingogram for imaging only if OB/GYN is present in the room;

(H) Retrograde urethrogram;

(I) Nasoenteric and oroenteric feeding tube placement;

(J) Port injection;

(K) Fistulogram/sonogram;

(L) Loopogram; and

(M) Swallowing study.

(iii) Fluoroscopic examinations and procedures that require personal supervision: Hysterosalpingogram for imaging only if OB/GYN is not present in the room.

(iv) Contrast media administration and needle or catheter placement.

(A) Procedures that may be performed under general supervision: Basic PICC placement.

(B) Procedures that may be performed under direct supervision:

(I) Joint injection and aspiration;

(II) Arthrogram for conventional, CT, and magnetic resonance);

(III) Complex PICC placement;

(IV) Thoracentesis and paracentesis with appropriate image guidance;

(V) Lower extremity venography;

(VI) Lumbar puncture under fluoroscopic guidance; and

(VII) Lumbar, thoracic, and cervical myelogram.

(C) Procedures that may be performed under personal supervision:

(I) Nontunneled venous central line placement;

(II) Venous catheter placement for dialysis;

(III) Breast needle localization; and

(IV) Ductogram (galactogram).

(d) Image review, requires general supervision:

(i) Evaluate images for completeness and diagnostic quality;

(ii) Recommend additional images in the same modality as required for general radiography, CT, or magnetic resonance;

(iii) Evaluate images for diagnostic utility and report clinical observations to the radiologist;

- (iv) Review imaging procedures, make initial observations, and communicate observations only to the radiologist; and
- (v) Perform post-processing procedures:
 - (A) Routine CT for 3D reconstruction, modifications to field of vision, slice spacing, or algorithm;
 - (B) Specialized CT for cardiac scoring or shunt graft measurements; and
 - (C) Magnetic resonance data analysis for 3D reconstructions, maximum intensity projection, 3D surface rendering, or volume rendering.
- (e) Postprocedures, requires general supervision:
 - (i) Record previously communicated initial observations of imaging procedures according to approved protocols;
 - (ii) Communicate radiologist's report to referring physician;
 - (iii) Provide radiologist-prescribed post care instructions to patients;
 - (iv) Perform follow-up patient evaluation and communicate findings to the radiologist;
 - (v) Document procedure in appropriate record and document exceptions from established protocol or procedure; and
 - (vi) Write patient discharge summary for review and cosignature by radiologist.
 - (f) Other procedures.
 - (i) Procedures that may be performed under general supervision:
 - (A) Participate in quality improvement activities within radiology practice for quality of care, patient flow, reject-repeat analysis, or patient satisfaction; and
 - (B) Assist with data collection and review for clinical trials or other research.
 - (ii) Procedures that may be performed under personal supervision: Additional procedures deemed appropriate by the radiologist.
 - (g) When performing any task or procedure, the radiologist assistant must be able to recognize and respond to medical emergencies for drug reactions, cardiac arrest, or hypoglycemia; and activate emergency response systems, including notification of the radiologist.
- (4) Initial findings and observations made by a radiologist assistant communicated solely to the supervising radiologist do not constitute diagnoses or interpretations.
- (5) At the direction of the supervising radiologist, a radiologist assistant may administer imaging agents and prescribed medications; however, nothing in this chapter allows a radiologist assistant to prescribe medications.

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-300, filed 12/20/23, effective 1/20/24. Statutory Authority: RCW 18.84.040. WSR 10-10-043, § 246-926-300, filed 4/27/10, effective 5/28/10.]