

PUSAT PERUBATAN

Medical Centre

ADVANCING EMERGENCY
DIAGNOSTICS: THE EVOLVING
ROLE OF RADIOGRAPHERS IN
ACUTE CARE

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- ~100 000 emergency cases registered in UMMC
 Emergency Medicine Department in 2024
- 90 000 patient need X-ray examination around 7 000 request per month.
- 10 000 patient need CT around 800 request per month
- Radiographers play vital role in emergency department.







Role of Radiographers in Acute Care

Acute care refers to the immediate and urgent treatment of patients with sudden or life-threatening conditions.

- Rapid imaging for critical diagnosis
- Supporting triage and clinical decisions
- Radiation safety in emergencies

Time to diagnosis -> Time to treatment





Mobile Digital Radiography in Acute Care

- Less patient movement in emergency setting Red zone
- Faster image acquisition ED physician can review image immediately.
- With integrated system, image can be upload to PACS and can be review by specialist from other discipline anytime, anywhere - better patient management





Drivers of Role Evolution

- Technological advancement AI, smart device, integrated system
- Increased demand for emergency and acute care imaging
- Expanded clinical resposibilities
- Interdisciplinary collaboration
- Radiation safety and quality standards
- Continuous Professional Development specialization



Emerging Role in Acute Setting

Rapid, High-Quality
Imaging in Critical
Timeframes

Advanced Clinical
Decision Support

Integration into

Multidisciplinary

Emergency Teams

Point-of-Care Imaging
Technology

Radiation Safety
Leadership

Expanded Scope into Interventional Support

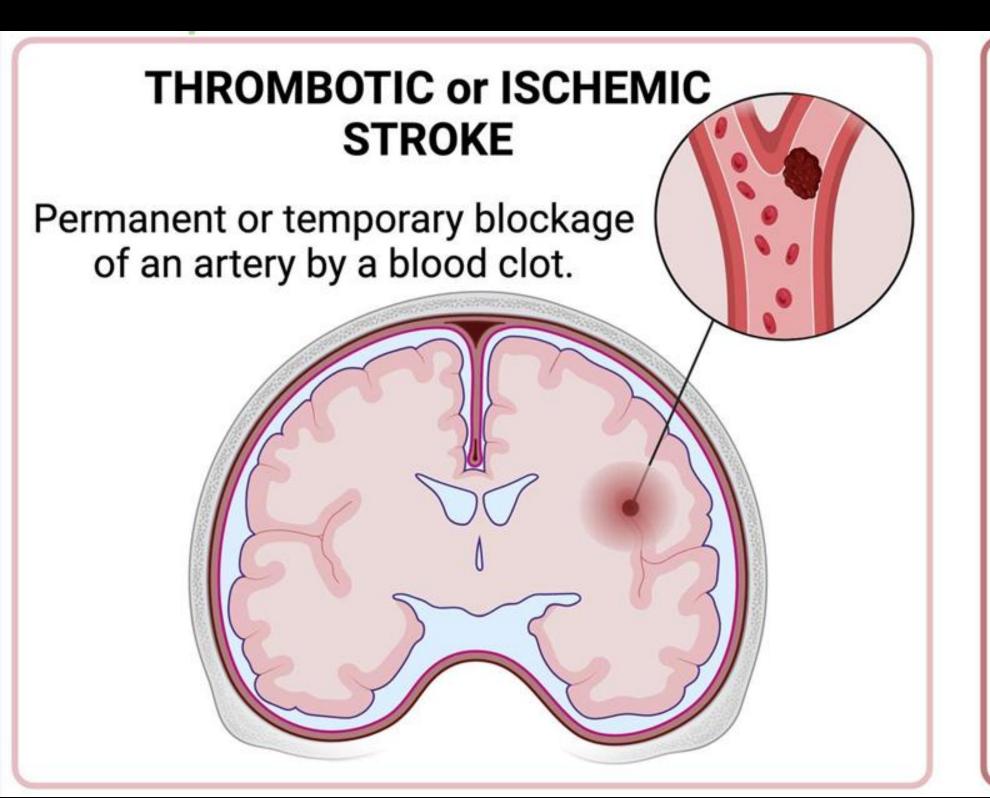
Use of Artificial
Intelligence (AI) and
Workflow Optimization

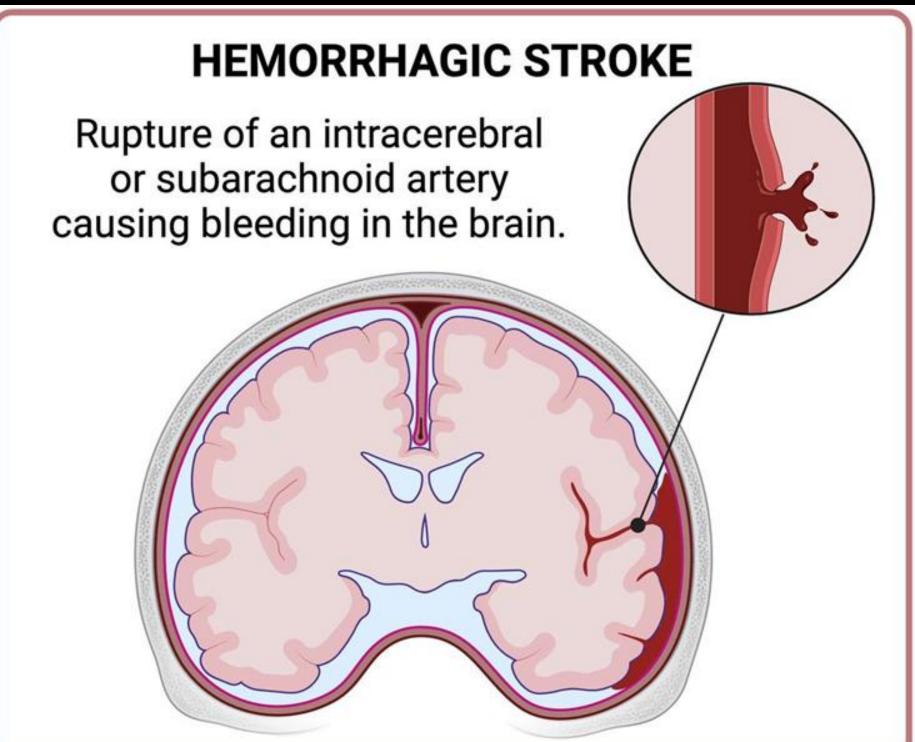
Patient Advocacy and Communication

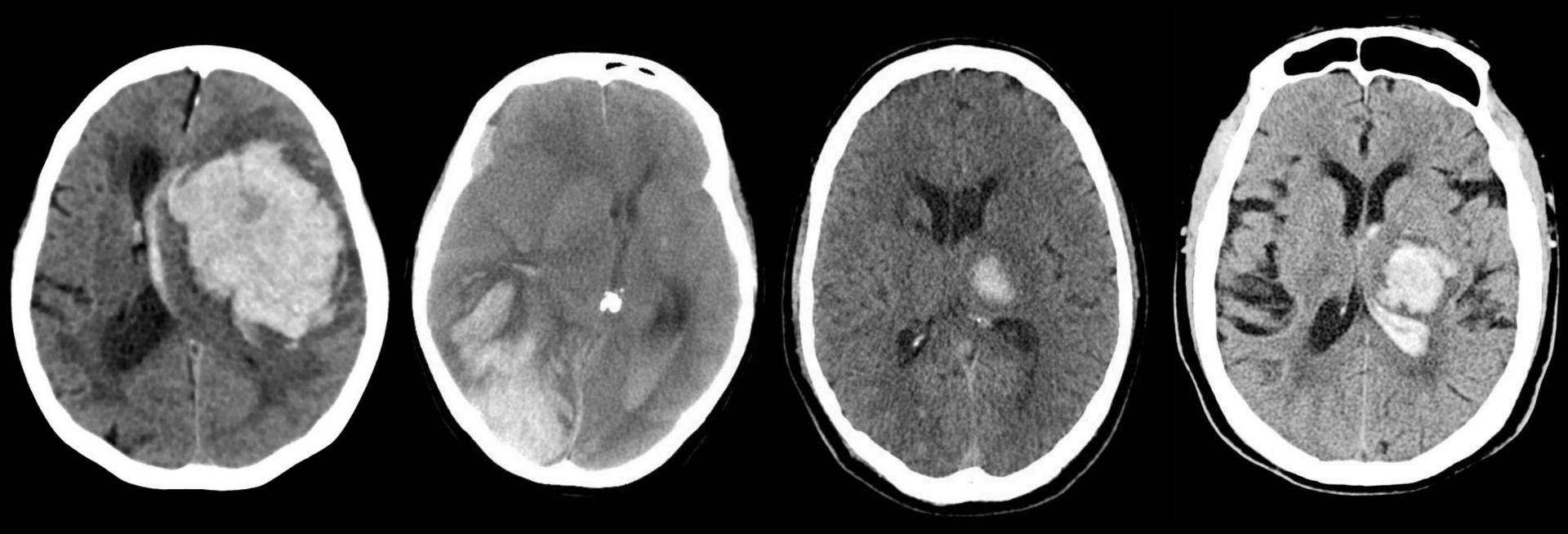


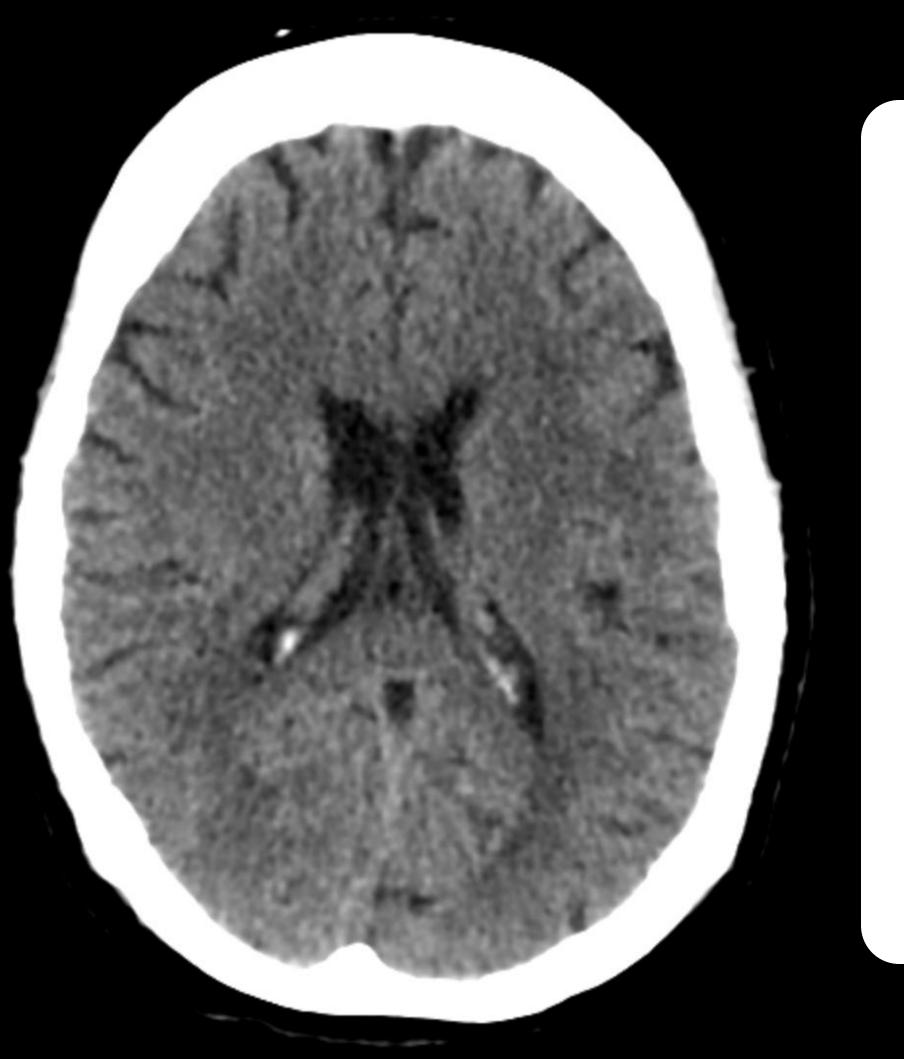
Case Example

- 67 years old lady, underlying DM, HPT.
- Sudden onset of right sided weakness at 9.30 pm. Arrive at ED 2 hours later (11.30 pm) by ambulance.
- On examination: facial asymmetry, aphasic, tongue deviated to the left side. Right upper limb 0/5, GCS: E4V1M5.





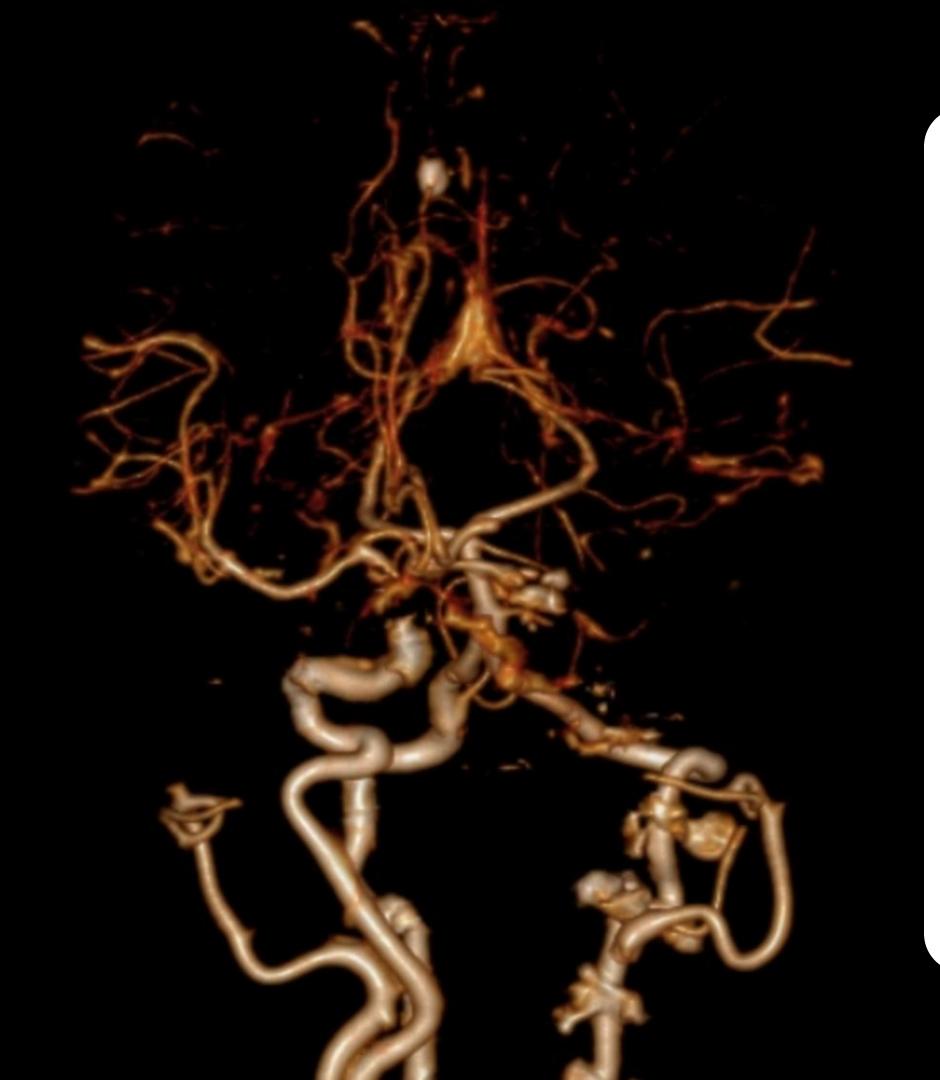




No acute intracranial bleed

 Suspicious fairly ill defined hypodensities noted at Lt MCA territory infarct (M1, M4 and M5 areas) - likely in suggestive of acute infract.

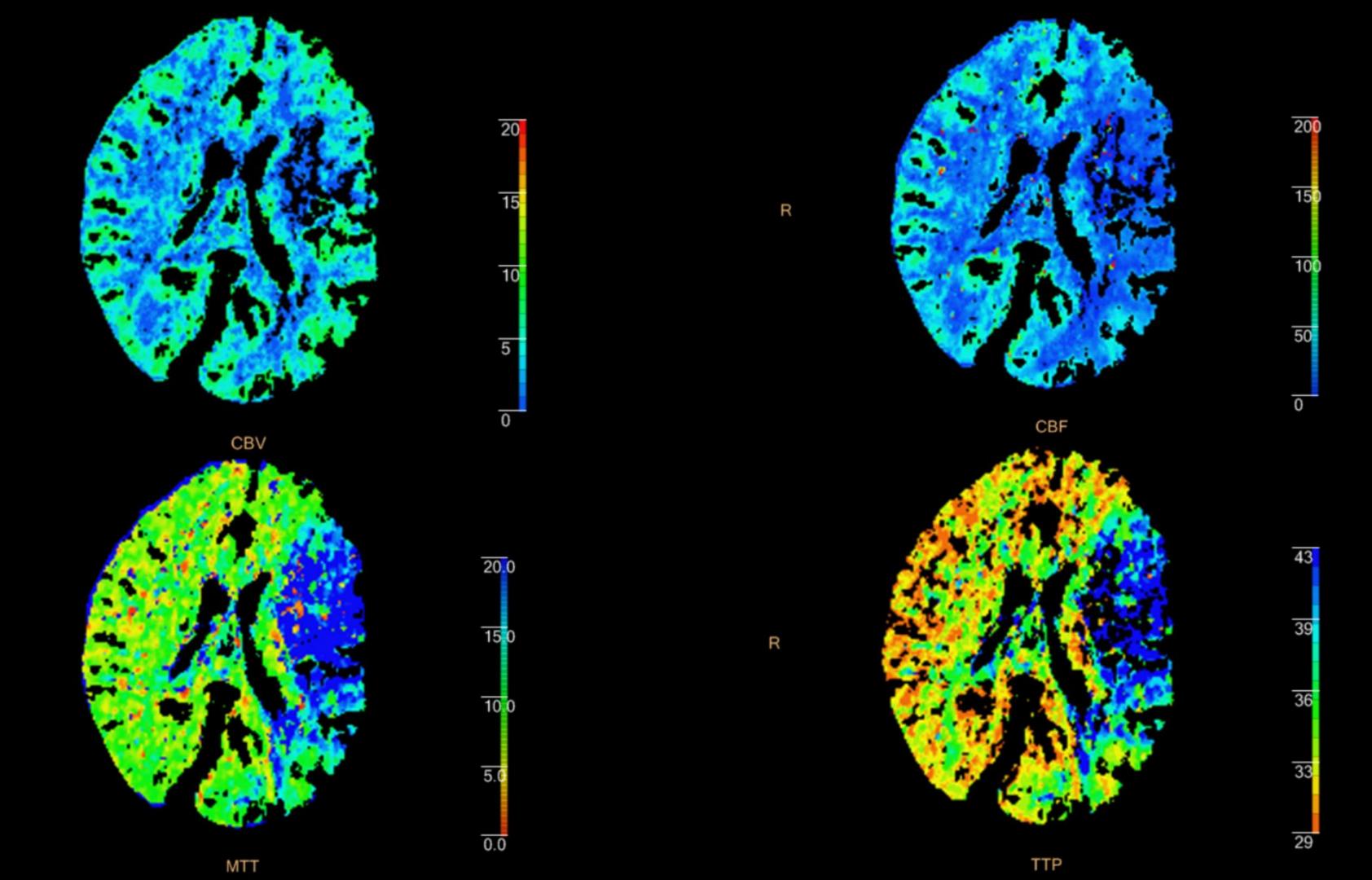
Dense Lt MCA sign noted.



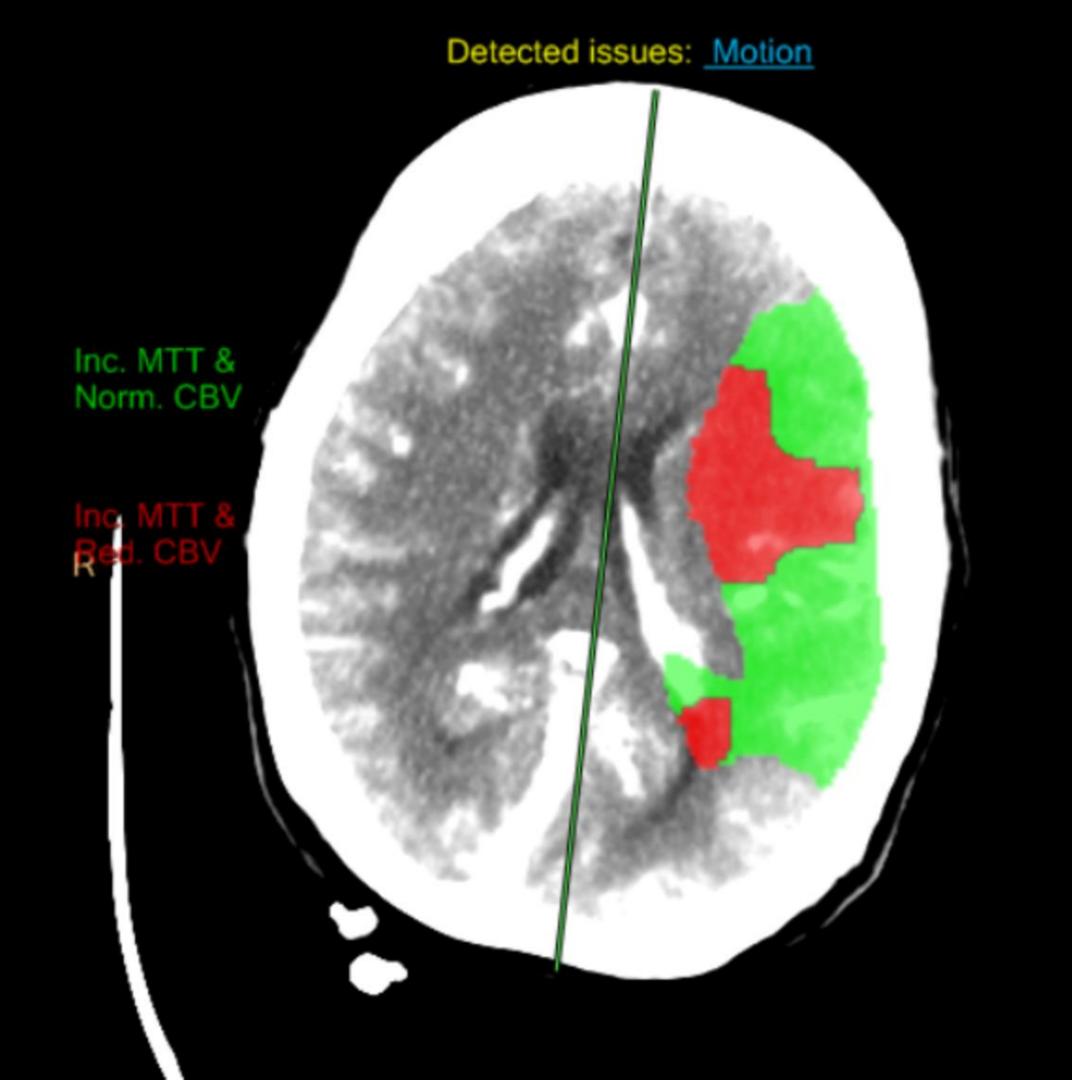
Beaded appearance of Lt MCA

Lt PCom, Lt SCA are not visualized

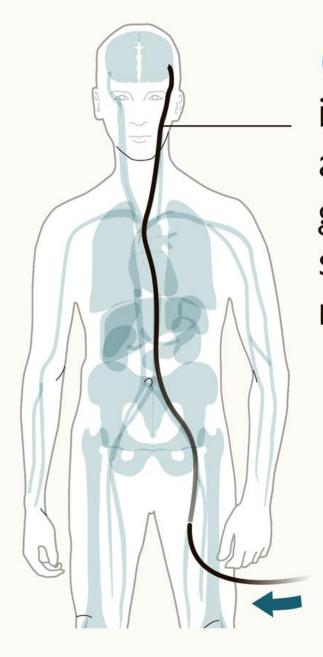
 No evidence of aneurysm or AVM



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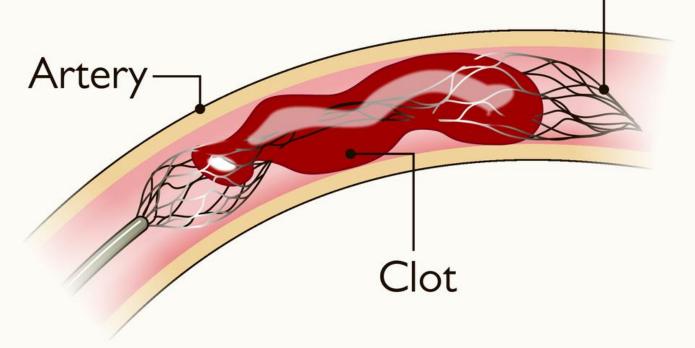


How it works



1 A thin tube is inserted into an artery, usually in the groin and fed to the site of the clot in or near the brain

A device is inserted through the tube to catch the clot and pull it out —



Endovascular Mechanical Thrombectomy

Required Competencies for Radiographers

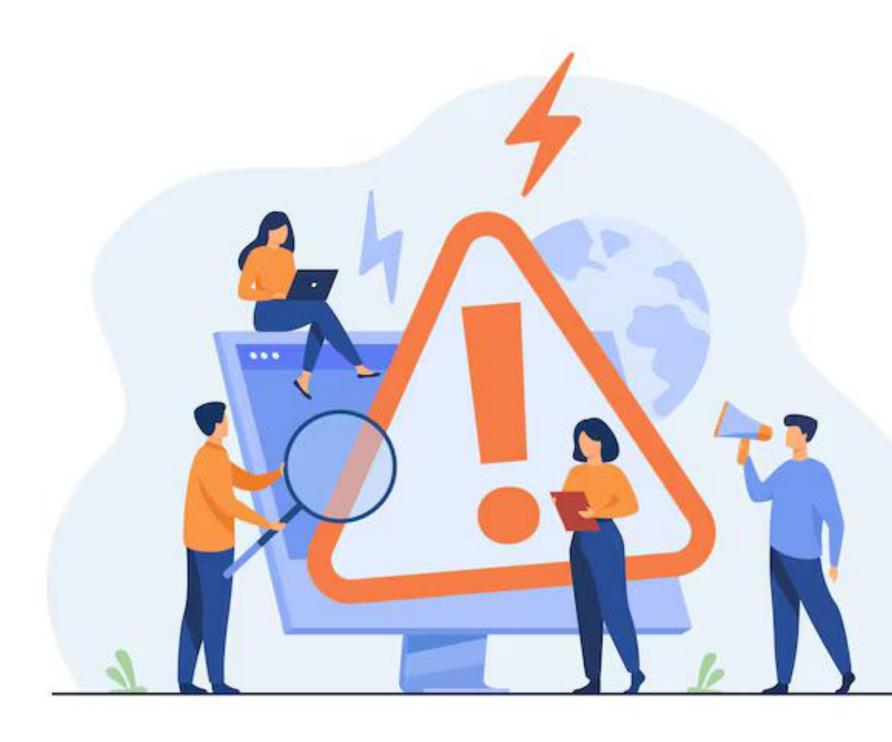
Technical and clinical imaging skills

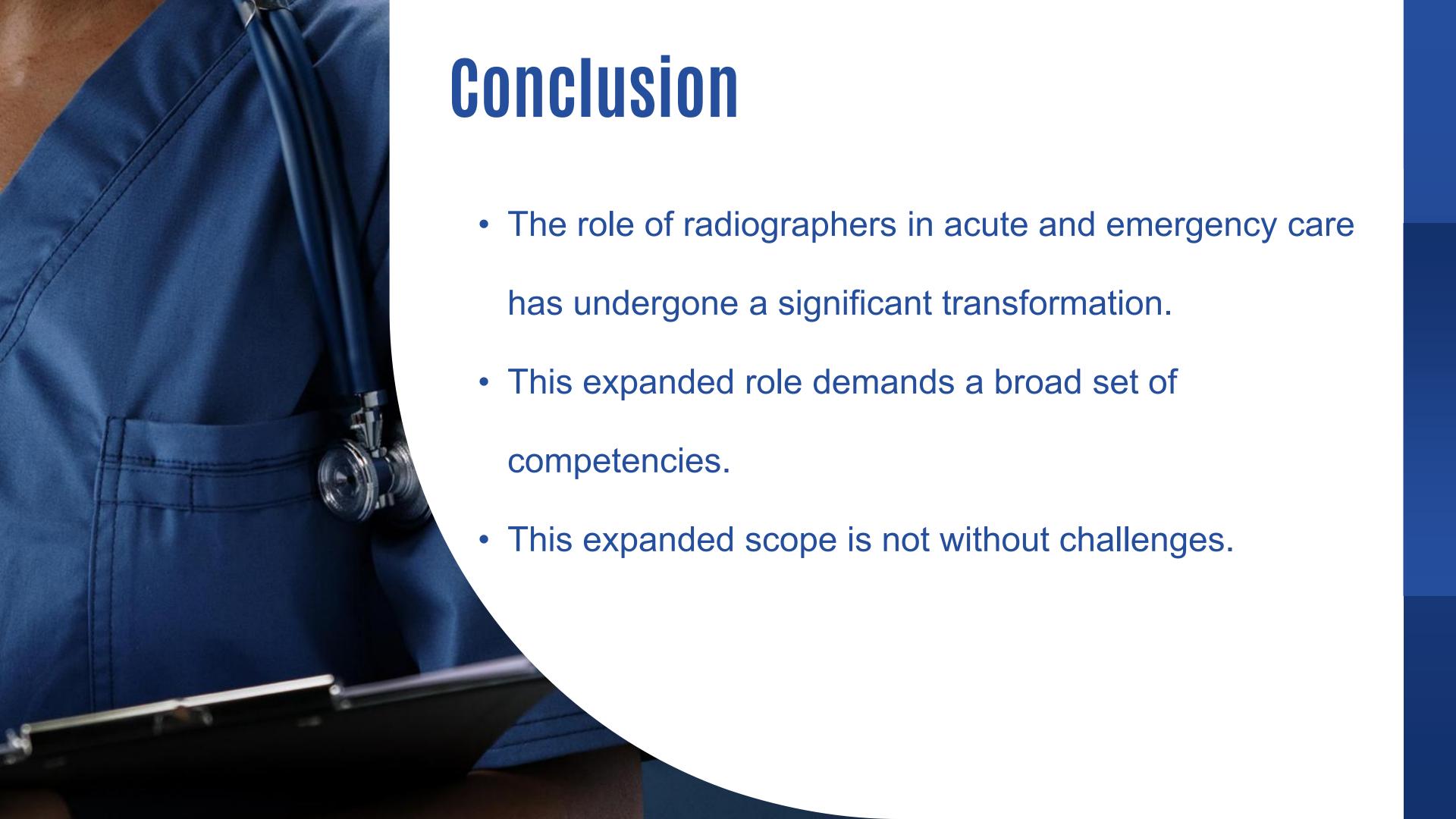
- Critical thinking and clinical judgement
- Interprofessional communication
- Adaptability and resilience
- Radiation protection expertise
- Technological competence
- Patient-centered care
- Continuous Professional Development (CPD)



Challenges & Barriers

- Workload and time pressure
- Limited staffing and resources
- Training and skill gaps
- Role recognition and scope of practice limitations
- Technology integration barriers
- Radiation safety challenges
- Communication and coordination issues







Get in Touch

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