CHAIN Number [1][0] [0][0][2] [ ][ ][ ]

RADIOLOGY

The Chest X ray SOP states that lateral view should only be done if antero-posterior view is NORMAL. X-rays should ideally be reviewed by 2 clinicians who are trained and / or experienced in x-ray interpretation. The original x-rays should also be stored for future review e.g. by scanning or digital copy obtained.

CHEST X RAY 1: ALL SITES

☐ Admission ☐ Deterioration ☐ Readmission ☐ Other

__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y	Rotated? Y N	Too Dark Y N	Too light Y N	**Repeated?** Y N	**Lateral view?** Y N
Result after review by 2 clinicians	☐ Normal	☐ Abnormality on left	☐ Abnormality on right	☐ Bilateral abnormality	☐ Abnormality seen on lateral view ONLY
Abnormality, select all that apply	☐ Air space opacification/ consolidation	☐ Air bronchogram	☐ Infiltrates	☐ Lobar collapse	☐ Tracheal displacement
	☐ Airway compression	☐ Soft tissue density suggesting lymphadenopathy	☐ Pleural effusion	☐ Nodular picture / Miliary	☐ Signs of failure or fluid overload
Other abnormality	☐ Cardiomegaly	☐ Rib fracture	☐ Mediastinal mass	☐ Pneumothorax	☐ Rib features consistent with rickets
	Other				

CHEST X RAY 2: ALL SITES

☐ Admission ☐ Deterioration ☐ Readmission ☐

__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y	Rotated? Y N	Too Dark Y N	Too light Y N	**Repeated?** Y N	**Lateral view?** Y N
Result after review by 2 clinicians	☐ Normal	☐ Abnormality on left	☐ Abnormality on right	☐ Bilateral abnormality	☐ Abnormality seen on lateral view ONLY
Abnormality, select all that apply	☐ Air space opacification/ consolidation	☐ Air bronchogram	☐ Infiltrates	☐ Lobar collapse	☐ Tracheal displacement
	☐ Airway compression	☐ Soft tissue density suggesting lymphadenopathy	☐ Pleural effusion	☐ Nodular picture / Miliary	☐ Signs of failure or fluid overload
Other abnormality	☐ Cardiomegaly	☐ Rib fracture	☐ Mediastinal mass	☐ Pneumothorax	☐ Rib features consistent with rickets

CHAIN Number [1][0] [0][0][2] [ ][ ][ ]

	Other

CHEST X RAY 3: ALL SITES

☐ Admission ☐ Deterioration ☐ Readmission ☐

__ __/ __ __/ __ __ __ __ D D / M M / Y Y Y Y	Rotated? Y N	Too Dark Y N	Too light Y N	**Repeated?** Y N	**Lateral view?** Y N
Result after review by 2 clinicians	☐ Normal	☐ Abnormality on left	☐ Abnormality on right	☐ Bilateral abnormality	☐ Abnormality seen on lateral view ONLY
Abnormality, select all that apply	☐ Air space opacification/ consolidation	☐ Air bronchogram	☐ Infiltrates	☐ Lobar collapse	☐ Tracheal displacement
	☐ Airway compression	☐ Soft tissue density suggesting lymphadenopathy	☐ Pleural effusion	☐ Nodular picture / Miliary	☐ Signs of failure or fluid overload
Other abnormality	☐ Cardiomegaly	☐ Rib fracture	☐ Mediastinal mass	☐ Pneumothorax	☐ Rib features consistent with rickets
	Other				

ABDOMINAL X RAY:

☐ Admission ☐ Deterioration ☐ Readmission

Date __ __/ __ __/ __ __ __ __ D D / M M / Y Y Y Y	**Indication:**	☐ ? Obstruction ☐ ? Perforation ☐Other
Result ☐ Normal	☐ **Abnormal**	
☐ Perforation confirmed	☐Other	
☐ Obstruction confirmed		
☐ Gaseous distension		
☐ Megacolon		

Wrist X-ray

Date __ __/ __ __/ __ __ __ __ D D / M M / Y Y Y Y	**Indication:**	☐ Suspected rickets ☐Other
Result ☐ Normal	☐ Abnormal	
	☐ Fraying of distal radius and ulna	☐ Fracture

CHAIN Number [1][0] [0][0][2] [ ][ ][ ]

Other Radiology		
Date __ __/ __ __/ __ __ __ __ *D D / M M / Y Y Y Y*	**Test done**	
Result ☐ Normal	☐ Abnormal – summarise below	