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

<table>
<thead>
<tr>
<th>Admission</th>
<th>Deterioration</th>
<th>Readmission</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD/MM/YY</td>
<td></td>
<td></td>
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<tr>
<td>Y N</td>
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<td></td>
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</tbody>
</table>

- 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
- 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

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</tr>
<tr>
<td>Y N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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
- 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

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# CHEST X RAY 3: ALL SITES

<table>
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<th>Readmission</th>
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<tbody>
<tr>
<td>[ ]</td>
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</tr>
</tbody>
</table>

### 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
- [ ] 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

### ABDOMINAL X RAY:

### Admission | Deterioration | Readmission
<table>
<thead>
<tr>
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<tbody>
<tr>
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<td>[ ]</td>
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</tbody>
</table>

### Date
- [ ] D D / M M / Y Y Y Y

### Indication:
- [ ] ? Obstruction
- [ ] ? Perforation
- [ ] Other

### Result
- [ ] Normal
- [ ] Abnormal
- [ ] Other
- [ ] Perforation confirmed
- [ ] 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

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<table>
<thead>
<tr>
<th>Date</th>
<th>Test done</th>
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</thead>
<tbody>
<tr>
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<td>Abnormal – summarise below</td>
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<tr>
<td>Result</td>
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