

CHAIN Number [5][0] [0][0][1] [][][]



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

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

CHEST X RAY 2: ALL SITES

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



CHAIN Number [5][0][0][0][1][][][][]



| | |
|--|-------|
| | Other |
|--|-------|

**CHEST X RAY 3:
ALL SITES**

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

ABDOMINAL X RAY:

| <input type="checkbox"/> Admission <input type="checkbox"/> Deterioration <input type="checkbox"/> Readmission | |
|---|--|
| Date ____/____/_____ <i>D D / M M / Y Y Y Y</i> | Indication: <input type="checkbox"/> ? Obstruction <input type="checkbox"/> ? Perforation <input type="checkbox"/> Other |
| Result <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |
| <input type="checkbox"/> Perforation confirmed <input type="checkbox"/> Obstruction confirmed <input type="checkbox"/> Gaseous distension <input type="checkbox"/> Megacolon | <input type="checkbox"/> Other |

Wrist X-ray

| | |
|--|---|
| Date ____/____/_____ <i>D D / M M / Y Y Y Y</i> | Indication: <input type="checkbox"/> Suspected rickets <input type="checkbox"/> Other |
| Result | <input type="checkbox"/> Abnormal |



CHAIN Number [5][0] [0][0][1] [][][]



| | | |
|---------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Fraying of distal radius and ulna | <input type="checkbox"/> Fracture |
|---------------------------------|--|-----------------------------------|

Other Radiology

| | | |
|---|------------------|--|
| Date ___/___/_____ <i>D D / M M / Y Y Y Y</i> | Test done | |
|---|------------------|--|

| | |
|--|---|
| Result <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal – summarise below |
|--|---|

