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>1/1/1/1/1/1</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
</tbody>
</table>

- **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

### CHEST X RAY 2: ALL SITES

<table>
<thead>
<tr>
<th>□ Admission</th>
<th>□ Deterioration</th>
<th>□ Readmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/1/1/1/1</td>
<td>Y N</td>
<td>Y N</td>
</tr>
</tbody>
</table>

- **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
**CHEST X RAY 3: ALL SITES**

<table>
<thead>
<tr>
<th>Admission</th>
<th>Deterioration</th>
<th>Readmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date <em><strong>/</strong></em>/______</td>
<td>rotated? Y/N</td>
<td>Too Dark Y/N</td>
</tr>
</tbody>
</table>

Result after review by 2 clinicians

- Normal
- Abnormality on left
- 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:**

<table>
<thead>
<tr>
<th>Admission</th>
<th>Deterioration</th>
<th>Readmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date <em><strong>/</strong></em>/______</td>
<td>Indication: ? Obstruction</td>
<td>? Perforation</td>
</tr>
</tbody>
</table>

Result

- Normal
- Abnormal
- Perforation confirmed
- Other
- Obstruction confirmed
- Gaseous distension
- Megacolon

**Wrist X-ray**

| Date ___/___/______ | Indication: Suspected rickets | Other |

Result

- Abnormal

Version 1.59 8th Jan 2017
## Other Radiology

<table>
<thead>
<tr>
<th>Date</th>
<th>Test done</th>
</tr>
</thead>
<tbody>
<tr>
<td>D.D./M.M./Y.Y.Y</td>
<td>Result</td>
</tr>
<tr>
<td></td>
<td>□ Normal □ Abnormal – summarise below</td>
</tr>
</tbody>
</table>

- Normal
- Fraying of distal radius and ulna
- Fracture