EASTERN RADIOLOGISTS

DIAGNOSTIC PROTOCOLS AND RADIOGRAPHIC GUIDELINES

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www.easternrad.com

QUALITY IMPROVEMENT INITIATIVE

Eastern Radiologists, Inc. is pleased to inform you of a new quality improvement initiative that we would like to introduce to our associate clinic sites. Our goal is the same high standard of radiology professional service across all clinics and hospitals. The QI initiative will include implementation of defined protocol guidelines, routine quality monitoring and radiology technology consultative support. As director of your site, we would like to enlist your support and help in this matter.

Eastern Radiologists, Inc. Diagnostic Radiology Guidelines

Diagnostic Exam Protocol Listing

The guidelines detail the required factors that will be necessary to achieve our quality goals. All exams submitted for interpretive services should be in compliance with these guidelines. Mrs. Lauren Hurdle will be our QI coordinator available to discuss with you any questions that you may have. We will give periodic feedback to all sites based upon our routine quality monitoring.

We thank you for your support on this initiative as we strongly desire to provide the highest level of radiology professional services to your patients and staff.

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Lauren Hurdle, RRA

EASTERN RADIOGISTS, INC. DIAGNOSTIC RADIOLOGY GUIDELINES

All diagnostic radiology examinations submitted for interpretive services should meet the following criteria.

1. **Timely submission:**

   Examinations submitted for a "stat" interpretation should be submitted with a request that it is clearly labeled "stat" and received within one hour of the completion time. Examinations submitted for routine interpretations should be submitted same day or no later than one business day from the time of completion.

2. **Projections:**

   Examinations should be performed in compliance with the **Diagnostic Exam Protocol Listing**. This document is enclosed and details the standard numbers and types of projections.

3. **Technique:**

   Examinations should be performed with optimal technique (gray scale). Routine service by vendors should be performed on all radiology equipment to ensure proper settings.

4. **Entire Body Part:**

   Each image for each examination should include the entire body part.

   Example: Forearm exam should include the entire radius and ulna on both AP and Lateral projections. If a wrist exam is also requested on the same patient, it should also include all standard (five) projections and the entire body part on each projection, even though there will be overlap areas. Each projection should be properly collimated to the appropriate body part.

5. **Film labeling:**

   Each image from each exam should contain an identification marker with clearly legible patient information, which at a minimum should include: the patient's name; medical record number and date. Each image should also be properly labeled with a left/right marker and when relevant a positioning marker. (Example: upright abdomen should have proper indication of positioning).

6. **Appropriate indication:**

   Supporting documentation for each exam should have an appropriate clinical indication, relevant clinical history and location of symptoms or clinical findings.

7. **Record of previous exams:**

   Each exam should be submitted with notation on the request as to whether a prior examination has been performed. This will expedite turnaround times in searching for prior exams to compare with.

DIAGNOSTIC EXAM PROTOCOL LISTING

REQUIRED PROJECTIONS ARE LISTED UNDER EACH EXAM.
Try to collimate, as much as possible, on all views
One projection per film for digital systems*

CHEST/ABDOMEN

CHEST
PA
Left Lateral

STERNUM
RAO (bring tube down to back)
Right Lateral (standing at chest board, if possible)

RIBS
PA Chest X-ray
AP Upper (Inspiration) Ribs (of affected side)
AP Lower (Expiration) Ribs (of affected side)
Oblique Upper (Inspiration) Ribs (of affected side)
Oblique Lower (Expiration) Ribs (of affected side)

ABDOMEN
AP Supine (be sure to include symphysis pubis)
AP Erect (be sure to include diaphragm)

ABDOMEN (KUB)
For kidney stones only!

ACUTE ABDOMINAL SERIES
PA & LAT Chest
AP Supine Abdomen (be sure to include symphysis pubis)
AP Erect Abdomen (be sure to include diaphragm)
*If patient is unable to stand, do Bilateral Decubitus.

EXTREMITIES

ANKLE (Small Cassette)
AP
Internal Oblique
Lateral

CALCANEOUS (Small Cassette)
AP Axial (<40º Cephalic)
Lateral (cone to area)
(Do Both Laterals if Comparison
is Requested)

CLAVICLE (Small Cassette)
AP
<AP (15º Cephalic)

ELBOW (Small Cassette)
AP
BiLateralAP Obliques
Lateral

FEMUR
AP
Lateral
*Be sure to include both joints;
usually frog-hip and AP Knee also)

FINGER (Small Cassette)
PA Hand
Oblique Hand
Lateral of Affected Finger(s)

FOOT (Small Cassette)
AP
Oblique
Lateral

FOREARM
AP
Lateral

HAND (Small Cassette)
PA
Lateral
Oblique

HUMERUS
AP
Lateral

KNEE (Small Cassette)
AP
Lateral
Tunnel (Beclere Method)
Sunrise (Tangential)
include both patellae

SCAPULA (Small Cassette)
AP
Lateral (Y-View)

SHOULDER (Small Cassette)
AP Internal Rotation
AP External Rotation
Y-View (like lateral scapula but
center at and cone down to
shoulder joint)
Optional: Cross Table Lateral-Axillary,
if unable to do Y-view.

THUMB
PA Hand (also oblique thumb,
if not visualized well on PA hand)
Lateral Thumb
AP Thumb

TIB-FIB
AP
Lateral

TOES
AP Foot
Oblique and lateral of affected toe(s)

WRIST (Small Cassette)
PA
Lateral
Bilateral PA Obliques
Navicular View (coned)

HIPS/PELVIS

HIPS
Pelvis and frog-leg lateral of
affected side

BILATERAL HIPS
Pelvis and Frog-leg Laterals (done
separately on adults)
Pelvis and Frog-leg Laterals (lats
done on one casette - children)

PELVIS
AP
*Be sure to internally rotate toes.

DIAGNOSTIC EXAM PROTOCOL LISTING, CONTINUED

SPINE

C-SPINE (Small Cassette)
AP (< 15º Cephalic)
Lateral
Bilateral PA Obliques (<15º Caudal)
Open Mouth Odontoid
*May request Flexion and Extension (upright)

T-SPINE
AP
Lateral
Upper Obliques (coned down)-small cassette

L-SPINE
AP
Bilateral AP Obliques
Lateral
Spot Lateral
*May request Flexion and Extension (upright)

SACRUM/COCCYX (Small Cassette)
AP Sacrum (<15º Cephalic)
AP Coccyx (<10º Caudal)
Lateral

SACROILIAC JOINTS (Small Cassette)
AP (<35º Cephalic)
Bilateral Obliques (elevate hip 30º)

SKULL/FACIAL

FACIAL BONES (Small Cassette)
AP Orbits (cone to orbits)
Bilateral Oblique Orbits
Lateral Face (Affected side)
Rt. & Lt. Lateral Nasal (Soft tissue technique, be sure to include nasal spine)
Water's
Zygomatic Arches (Submento)
PA Caldwell (<23º Caudal)

MANDIBLE (Small Cassette)
PA
Lateral (Affected Side)
Bilateral Obliques (<25º Cephalic)
Towne's (< 45º Caudal)

MASTOIDS (Small Cassette)
Towne's
Bilateral Schullers (<25º caudal, head true lateral)
*Tape pinna forward

NASAL BONES (Small Cassette)
Water's
Rt. & Lt. Laterals (Soft tissue technique, be sure to include nasal spine)

ORBITS
PA Caldwell*
Water's*
Lateral (affected side)*
Bilateral AP Obliques
*Upright if possible.

SINUSES (Small Cassette)
PA Caldwell (<23º Caudal)
Lateral
Water's
Open Mouth Water's (<30º Caudal)
*All films must be upright!

SKULL (Small Cassette)
AP
PA Caldwell
Towne's
Rt. Lateral
Lt. Lateral
Submentovertex (SMV)

TMJs (Small Cassette)
Exaggerated Towne's
Both Laterals (Rt/Lt) (Open and Closed Mouth)
Schullers (<25-30º Caudal, Head True Lateral)

SPECIAL STUDIES

CHILD ABUSE SURVEY
AP and Lateral Skull
AP and Lateral C-Spine
AP and Lateral T-Spine
AP and Lateral L-Spine
PA and Lateral Chest
AP each extremity (may fit on one film, if small enough)
PA Hands
AP and Lateral Feet
AP Pelvis

METASTATIC BONE SURVEY
AP and Lateral Skull
AP and Lateral C-Spine
AP and Lateral T-Spine
AP and Lateral L-Spine
AP Pelvis
Upper 1/2 Shoulder/Humerus (Bilateral)
Upper 1/2 Femurs (14x17 Crosswise-like pelvis but center low to include 1/2 femurs)