GENERAL IMAGING STANDARDS

- Review the orders to identify the patient, procedure, and history.
- Provide pertinent clinical history on all patients in PACS. (Go to the third tab in McKesson under Edit Study window. Enter information in the Comment1 field.) Include WWW:
  - What happened? (Injury? Twist? Fall? No injury?)
  - When? (Date of injury? Duration of symptoms?)
  - Where? (Location of pain or injury? Include arrow before sending to PACS.)

  Elaborate. Indications such as "Rule out…" or "Evaluate for…" are not adequate.
- Use a trauma protocol if the patient has sustained any injury.
- Indicate pain with a lead arrow on at least one image for extremities.
- Use lead R or L markers on all images. Mark your images with your initials.
  - Only electronically annotate an image when the lead marker is collimated off or if the lead marker is improperly placed.
- Exams should not be performed with a portable unless they are ordered as a portable.
- Eliminate artifacts by removing clothing, jewelry, and EKG leads.

  If EKG leads cannot be removed, they should be moved laterally to the chest or pulled together to coil over the epigastric area/lower heart.
- **Collimate properly the x-ray beam before taking an image. Do not electronically crop or mask a digital image after taking it.** (Such cropping or masking may eliminate exposed anatomy from the image that is presented for interpretation.)
- Orders with common joint interest should be imaged separately to best demonstrate joints. For example, if a Forearm and Elbow are both ordered, obtain an AP and Lateral Forearm and an AP and Lateral Elbow.
- For contiguous exams, document in the McKesson Comments1 field the location of images from adjacent joints. For example, for a C-Spine and T-Spine, document which set of films includes the Swimmer's view.
- Obtain two views at 90° from each other on all extremities and post-reduction films of extremities and shoulders.
- Both joints must be imaged on long bones. Obtain two images if necessary.
- Perform extra views if requested.
- Accept only high quality images. However, if images are less than optimum (i.e. patient is uncooperative) clearly document the reason(s) in PACS.
- If you are unable to complete a protocol (i.e. combative or impaired patient), clearly document the reason(s) in PACS.
- Properly orient all images before sending to PACS.
- If you reprocess an image to improve image quality, send both the original and the reprocessed image to PACS.
- For tube and line placements, send both the original and the sharpened image to PACS.