

CHEST X-RAY

A-B-C-D-E-F-G

Types of Chest X-rays

- **AP:** Anterior to Posterior, where the beam shoots at the patient from the front with the plate behind the patient. Portable chest xray used on patients who are not healthy enough to travel to radiology dept. and stand up.
- **PA:** Posterior to Anterior, the patient has to go to radiology dept. and stand up. The image quality is much better because the beam shoots through their back and lands on the plate in front of the patient

Approach to Chest X-rays

•Look for 3 quality indicators before interpretation

1. Want to see big lungs full of air during inspiration
2. Want to see spinal vertebrae through the cardiac silhouette
3. Compare medial part of both clavicles to make sure patient is not rotated

•Mnemonic: ABCDEFG

- 1) **A= Airway**, look for trachea in middle to rule out tension pneumothorax
- 2) **B= Bones**, look for rib fractures
- 3) **C= Cardiac silhouette**, looking for cardiomegaly, present if heart takes up more than 50 % of the distance from the right side of rib cage to left side of rib cage.
- 4) **D= Diaphragm**, look for sharp costophrenic angles, to rule out fluid collection (pleural effusion)
- 5) **E= Extra stuff/equipment**, look for endotracheal tubes, central lines, chest tubes, NG tubes, cardiac leads, and make sure positioned appropriately
- 6) **F= Lung Fields**, look for differences in lungs, haziness, consolidations, nodules, pneumonias, pneumothorax, pulmonary edema. Spend most of the time on this step
- 7) **G= Great vessels**, looking for mediastinal widening to look for aortic injury, less than 8 cm.