


Diagnostic Imaging
Protocol & Guidelines

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NSHA CENTRAL ZONE GUIDELINES FOR ORDERING CHEST X-RAYS (PA and Lateral or Portable)

The following guidelines are provided to assist healthcare practitioners in requesting appropriate chest x-rays for patients with suspected cardiothoracic pathology.

Effective **1 April 2013** requests for chest x-rays may be declined or returned to referring physicians with a request for more information about symptoms or prior treatment or investigations.

Use of these guidelines will ensure that the necessary relevant clinical information has been provided on the initial request form, it is hoped that delays in requested investigations can be avoided.

The following are NOT NORMALLY considered indications for a chest x-ray:

1. Any routine or regular orders (e.g. Asymptomatic pre admission patients, asymptomatic pre operative patients.)
2. Daily routine intensive care portables with no clinical change in the patient
3. Routine pre employment, (these are also not covered by MSI)

4. Minor chest trauma
5. Upper respiratory tract infection
6. **Uncomplicated** acute exacerbation of asthma or COPD
7. Acute on chronic chest pain
8. Pneumonia patients, if there are no unusual clinical or radiographic features require neither a pre-discharge nor a follow up chest x-ray if symptoms are improving. However, **a followup film at no less than 6 weeks is indicated if no improvement or if the patient is at high risk of lung cancer** (i.e. older than 50 years, has chronic lung disease or is a smoker)
9. **Routine** stat portables immediately post pacemaker and tracheostomy procedure
10. Thoracic aneurysm follow up (CT scanning is the method of choice)
11. **Screening** for lung cancer in asymptomatic patients

Normally accepted indications for a chest x-ray are:

1. Acute respiratory or cardiac disease in a patient **with no recent and available chest x-ray**
2. Major chest trauma
3. Hemoptysis
4. Chronic dyspnea, suspected CHF or interstitial lung disease.
5. Suspected PE, Pneumonia, CHF, pleural effusion, pneumothorax
6. Positive TB skin test
7. New respiratory symptoms in a febrile neutropenic immunosuppressed patient
8. Persistent symptoms 6 weeks post community acquired pneumonia
9. Post tube and line insertion (other than pacemaker or tracheostomy)
10. Suspected mass, lymphadenopathy or metastasis
11. Suspected elevated diaphragm