

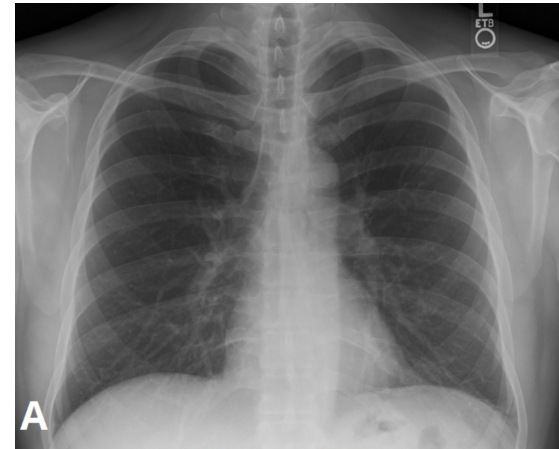
CXR Quiz

Dan Anderson: CXR NP Teaching June 2020

**PA
STANDING**

CXR Session

- Interpreting a CXR is a key skill in managing SOB/CP presentations
- Learning outcomes
 - Identify the adequacy of a CXR
 - Identify the anatomy on a CXR
 - Identify life threat CXRs
 - Have a system how to present a CXR
- Structure of session:
 - CXR teaching session: Based on LITFL
 - CXR Quiz Answers
 - Life threat identification
 - Systematic review of CXR
 - Management focusing on 3D's
- Resources
 - Online video: <https://youtu.be/5xhIEQhVJ9I>
 - LITFL: <https://litfl.com/drsabcde-of-cxr-interpretation/>
 - Articles: BMJ Best Practice





Basic CXR Interpretation



D

Details

Patient Name, DOB, Date, Film Type

R

RIPE Image

Rotation, Inspiration, Picture, Exposure (Penetration)

S

Soft Tissues & Bones

A

Airways & Mediastinum

B

Breathing

Lung fields & Pleura

C

Circulation

Heart position, borders, shape, size

D

Diaphragm

E

Extras

ETT, CVP line, NG tube, PA catheters, ECG electrodes,
PICC line, chest tube, PPM, AIDC, metalwork

How to present the CXR

DETAILS

- This is a frontal (AP/PA) (supine/erect)
- Chest radiograph
- In a “....” year old (man/woman/child)/skeletally immature person.
- Taken on “date/time” with brief PC

ADEQUACY

- This is an adequate film (If not comment on Rotation, Inspiration, Picture, Exposure)

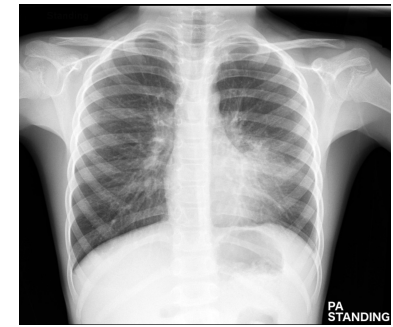
INTERPRETATION

- Either
 - “There is an obvious abnormality in the” (location, then describe, relative negatives)...
 - “I do not see an obvious abnormality and I will now go through the CXR systematically (DRSABCDE approach)

SUMMARY

CONCLUSION including immediate management

EXAMPLE: CXR 1



DETAILS

- This is an erect PA CXR
- In a 22 year old man
- Taken today for chest pain and productive cough

ADEQUACY

- This is an adequate film

INTERPRETATION

- There is an obvious abnormality in the left lung midzone with consolidation and obscuration of the left heart border. There is no gross hilar adenopathy. Nil collection. Nil effusion.

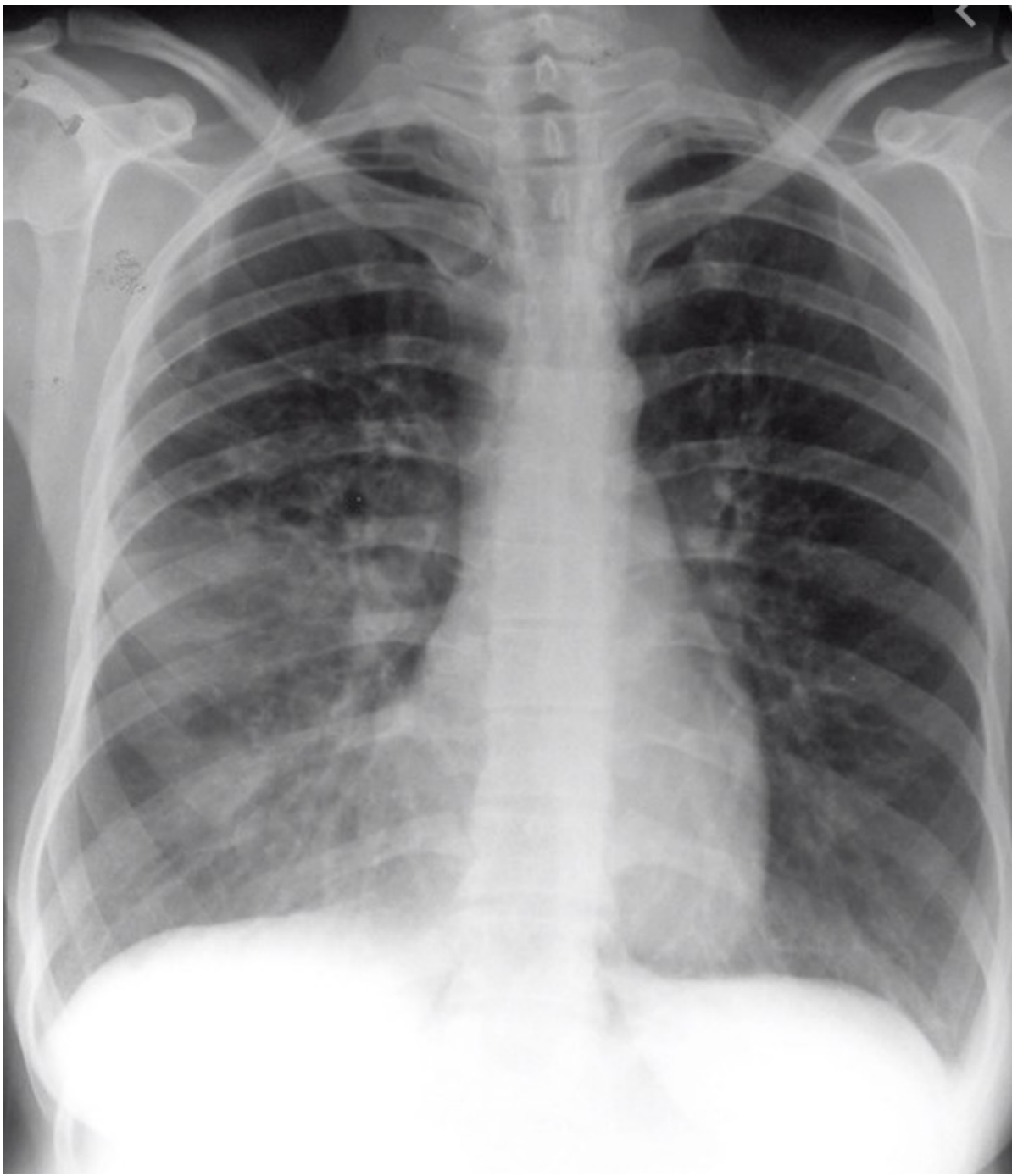
SUMMARY

- Features are most in keeping with a lingular lobar pneumonia. (also shown on lateral – as density over the heart shadow)

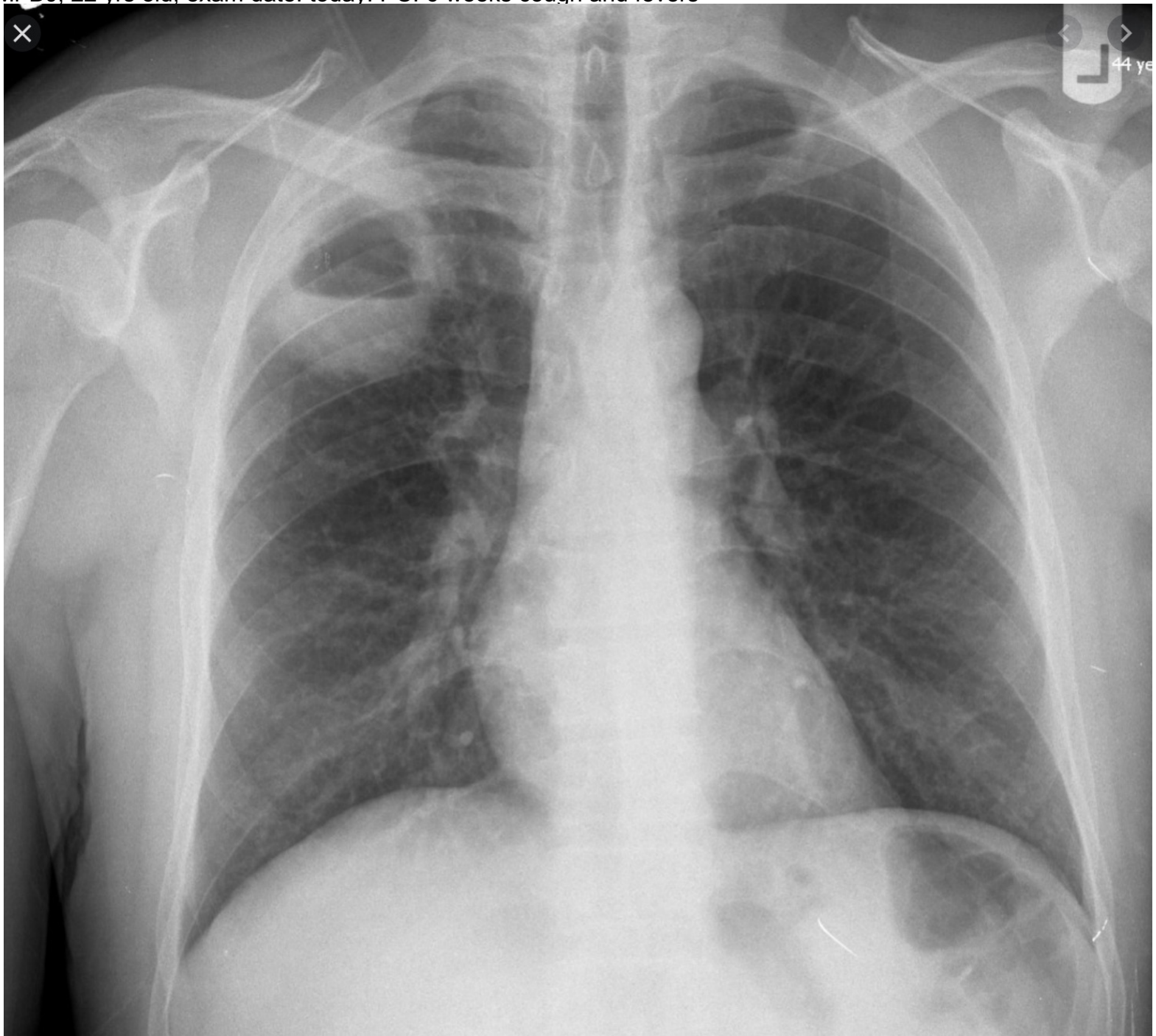
CONCLUSION

- I'd consider antibiotic therapy based off the pneumonia severity index (PSI), and O2/hydration based off clinical exam. Gen Med often asks for urinary antigens and a resp panel swab in these cases.

CXR 2: Mr DJ, 22 yrs old, exam date: today: PC: Cough and fevers



CXR 3: Mr DJ, 22 yrs old, exam date: today: PC: 6 weeks cough and fevers

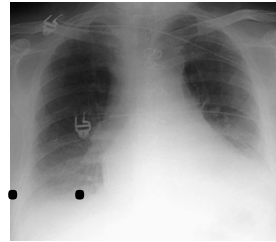


Match & Label

1.



a.

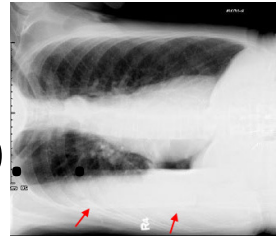


I. AP

2.



b.

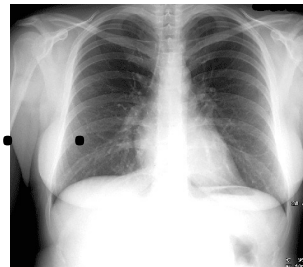


II. PA

3.

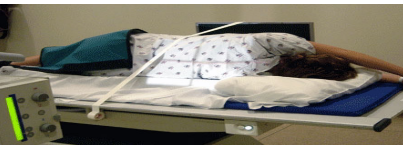


c.

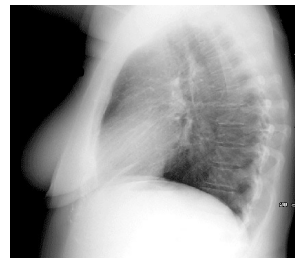


III. Lat

4.



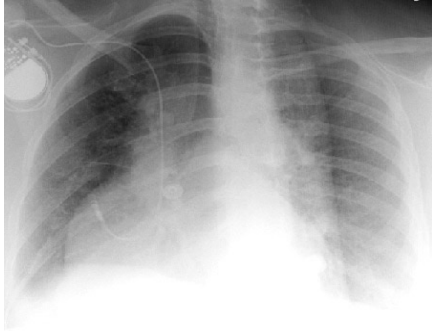
d.



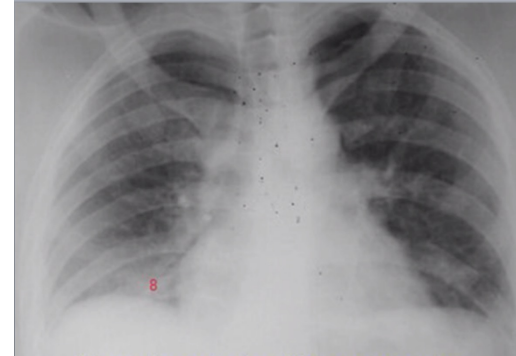
IV. Decub

Match & Label

1.



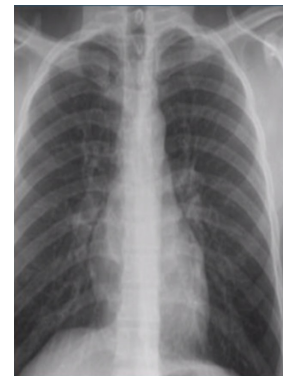
4.



2.



5.

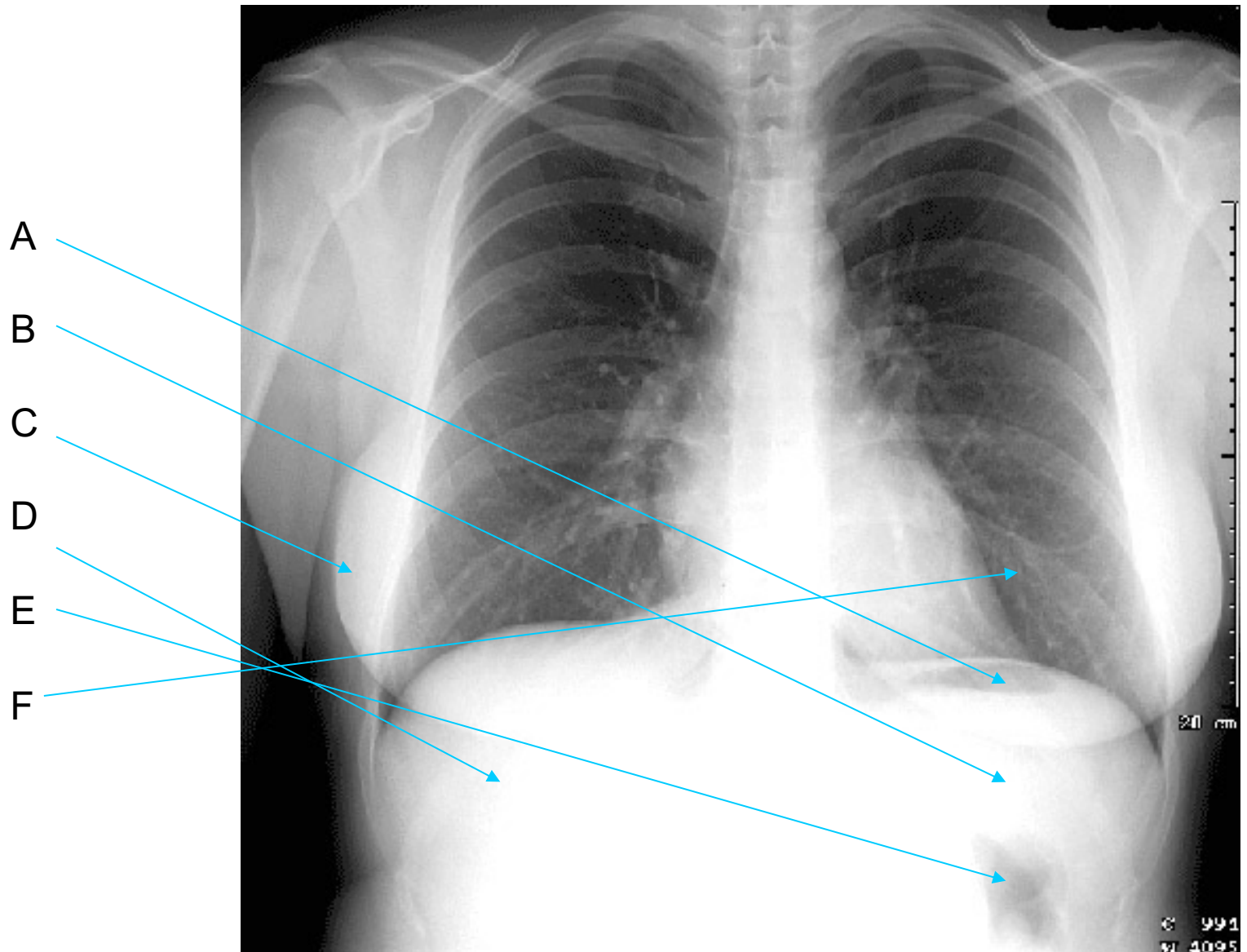


3.

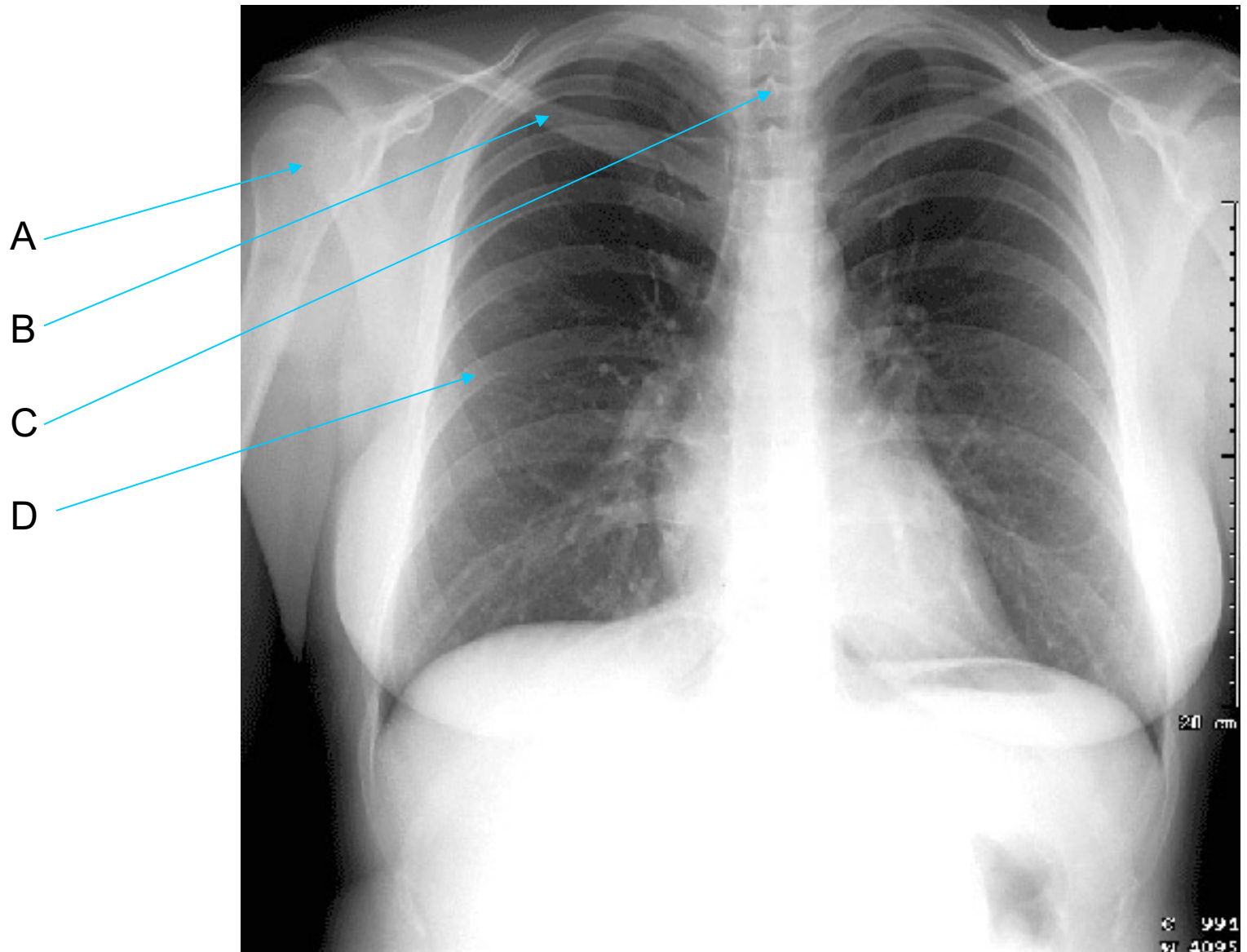


- a. Over exposed
- b. Under exposed
- c. Rotated
- d. Poorly collimated
- e. Under inspiration

Soft Tissue



Bones



Quiz time: Life Threat CXRs

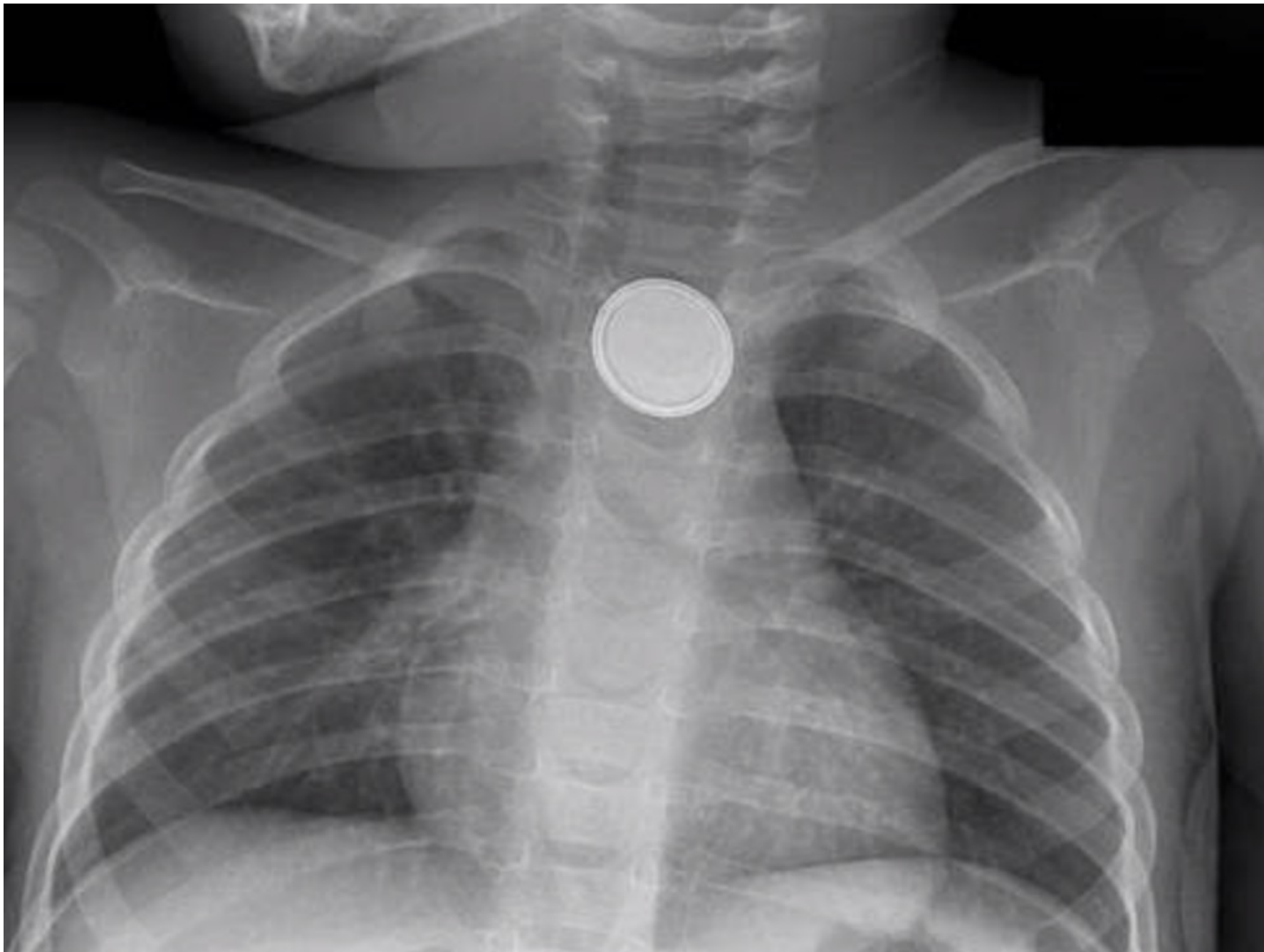
- State the life threat (Danger)
- Give Summary with Impression
- Recommend first line management (Distress)



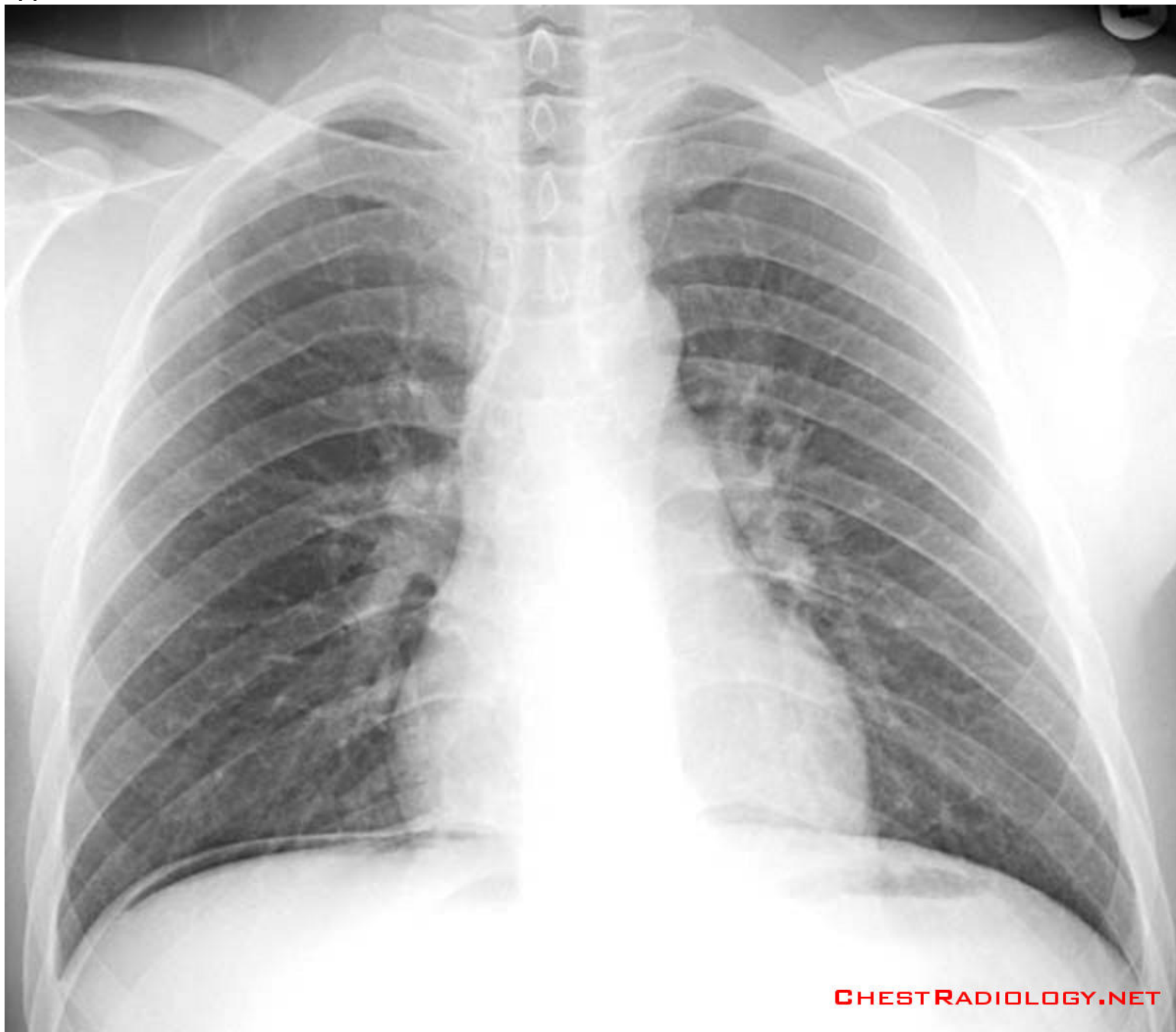
EXAMPLE: Choking child after playing with coin in mouth, reduced sats.

- This is an airway life threat
- There is a linear metallic foreign body projected over the trachea, it appears to be an aspirated coin
- Manage in paed resus and put out anaesthetic airway emergency call, see if ENT available, set up for RSI

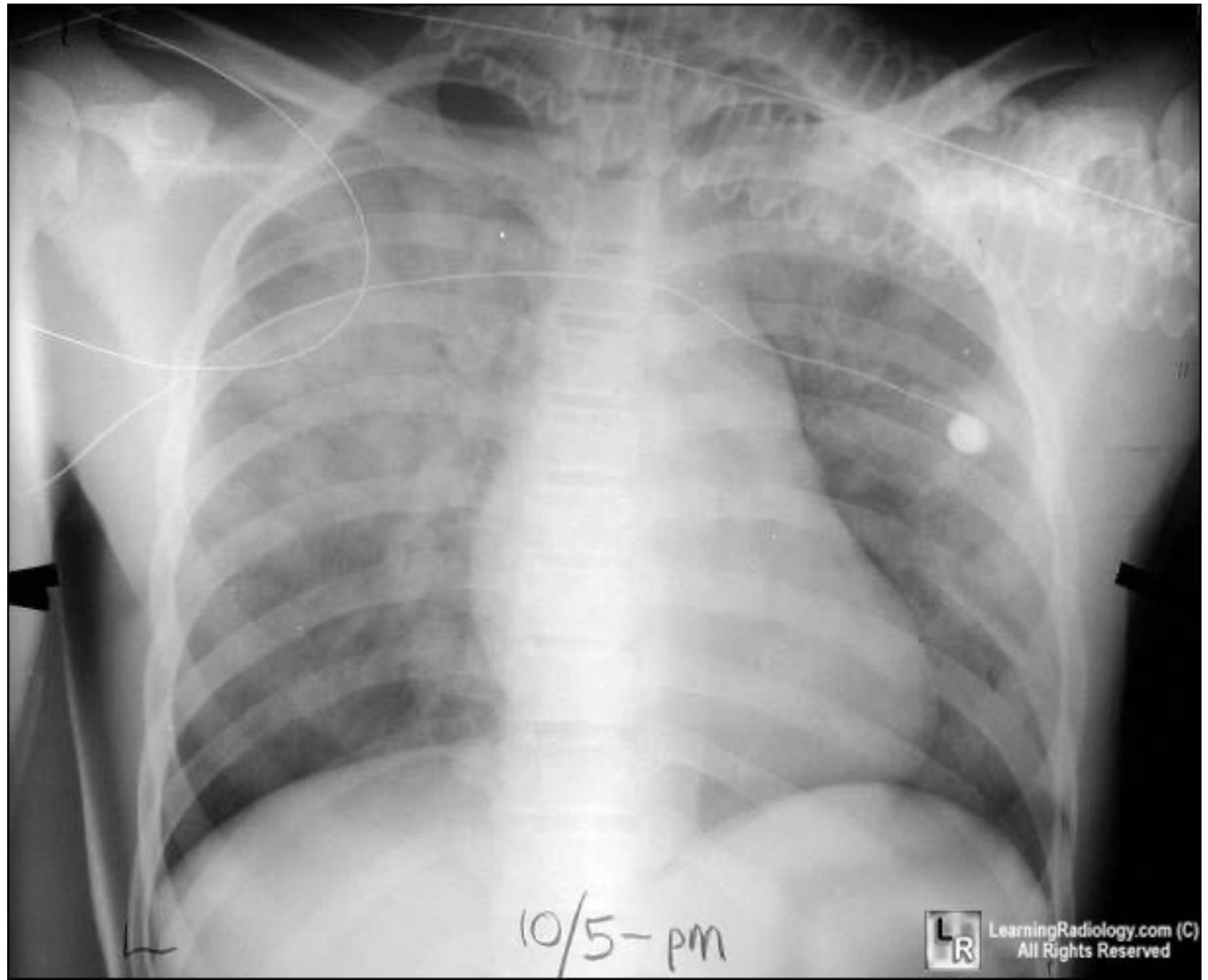
Drooling child



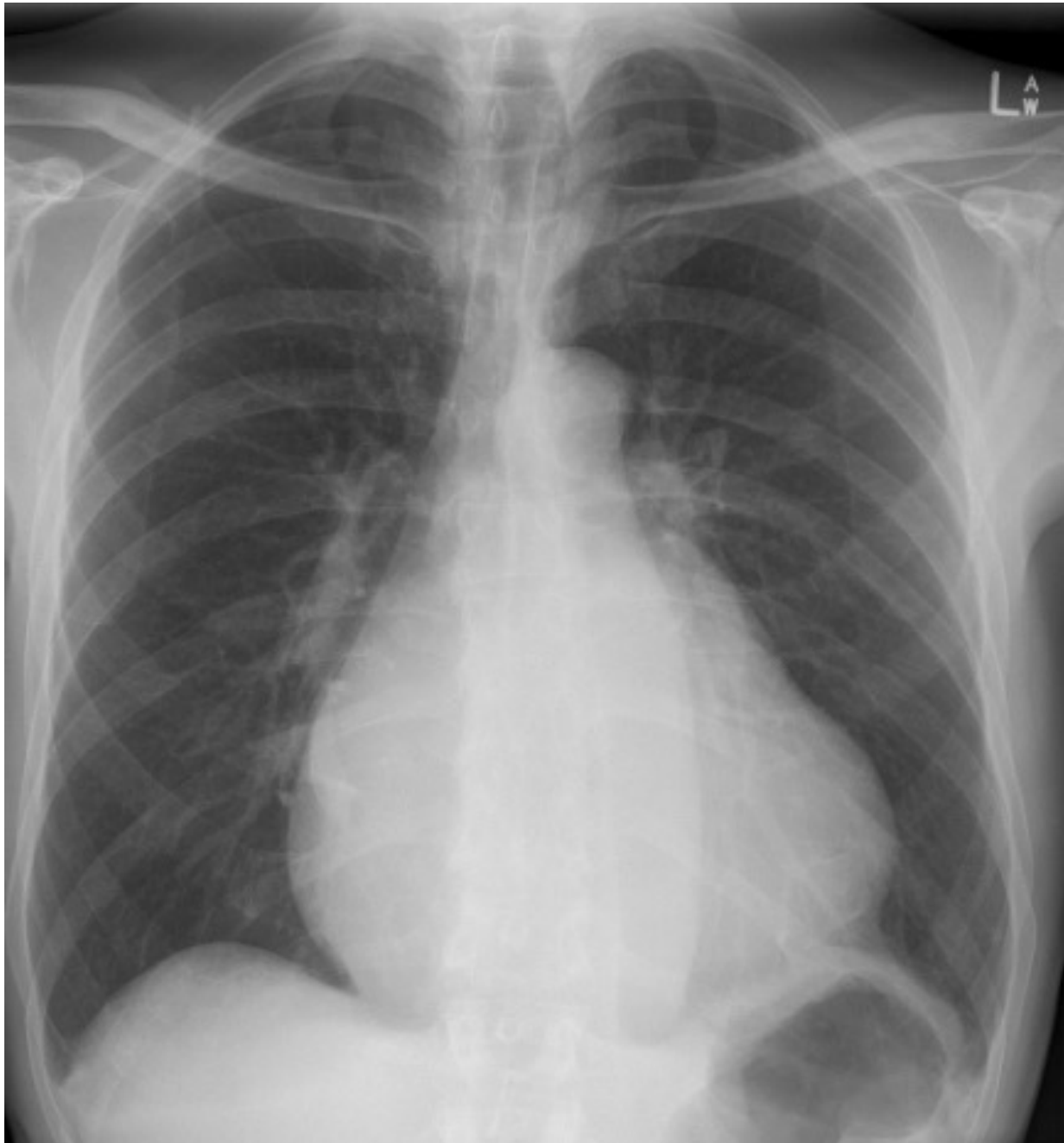
Febrile hypotensive



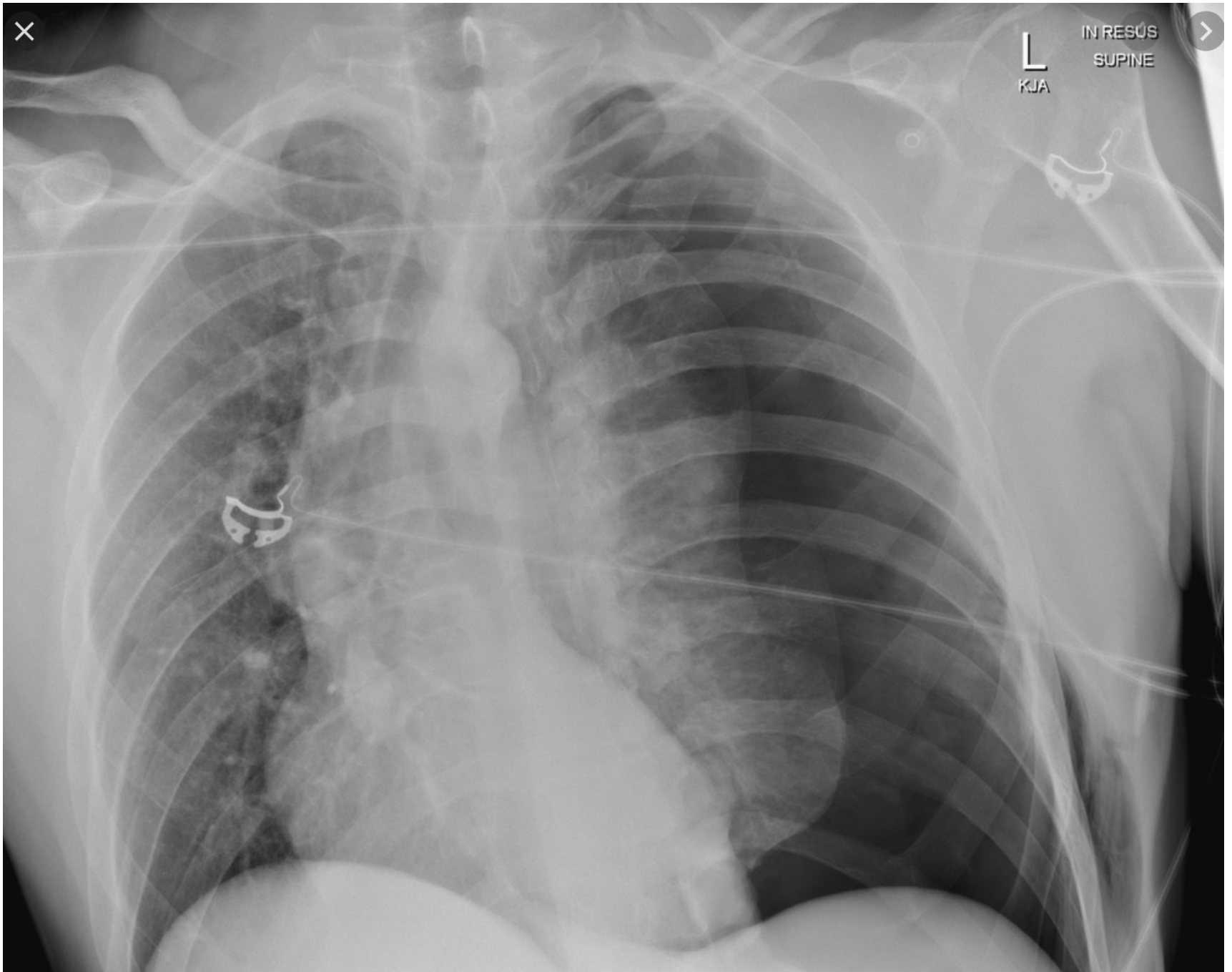
SOB



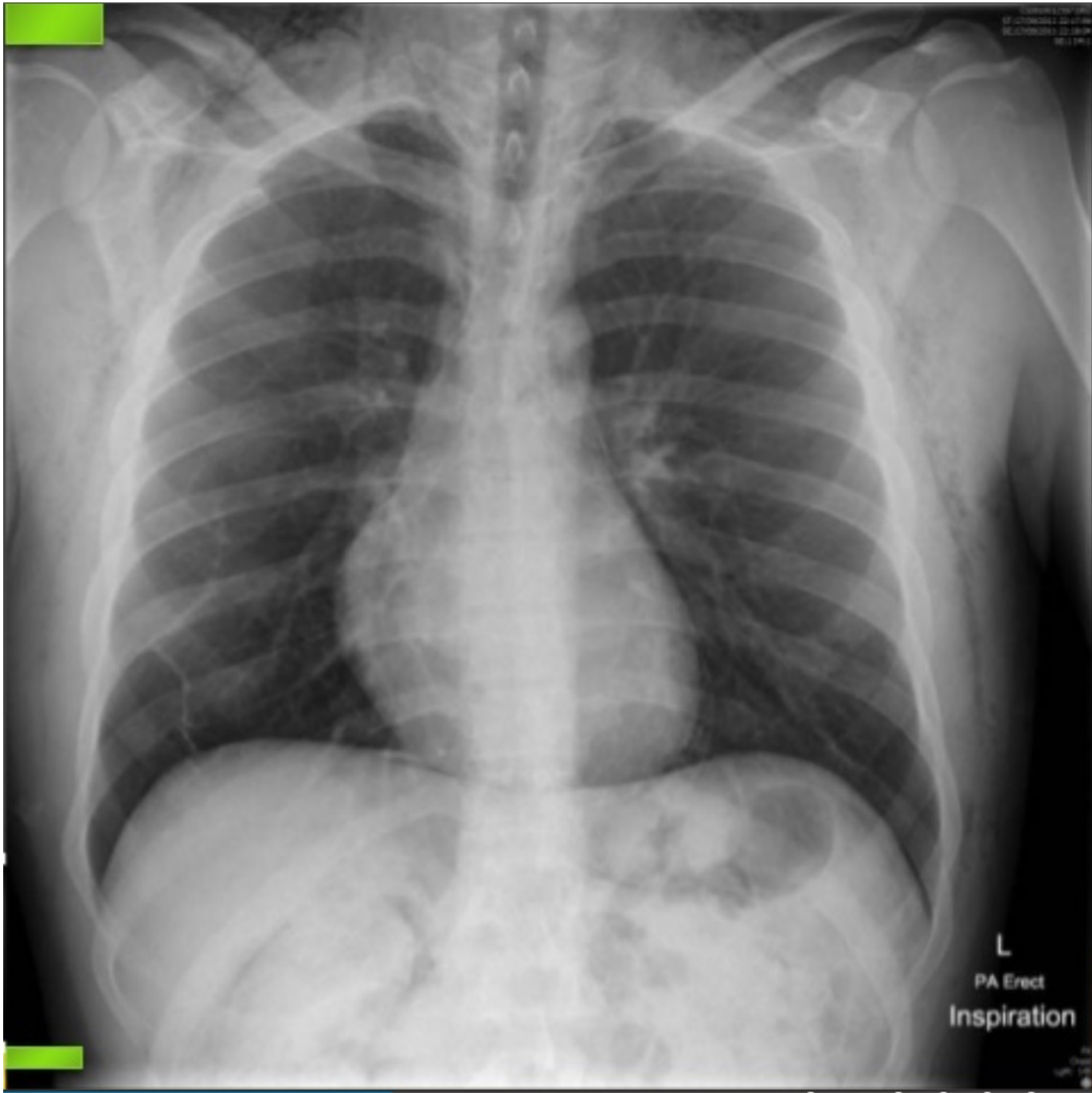
SOB and hypotensive



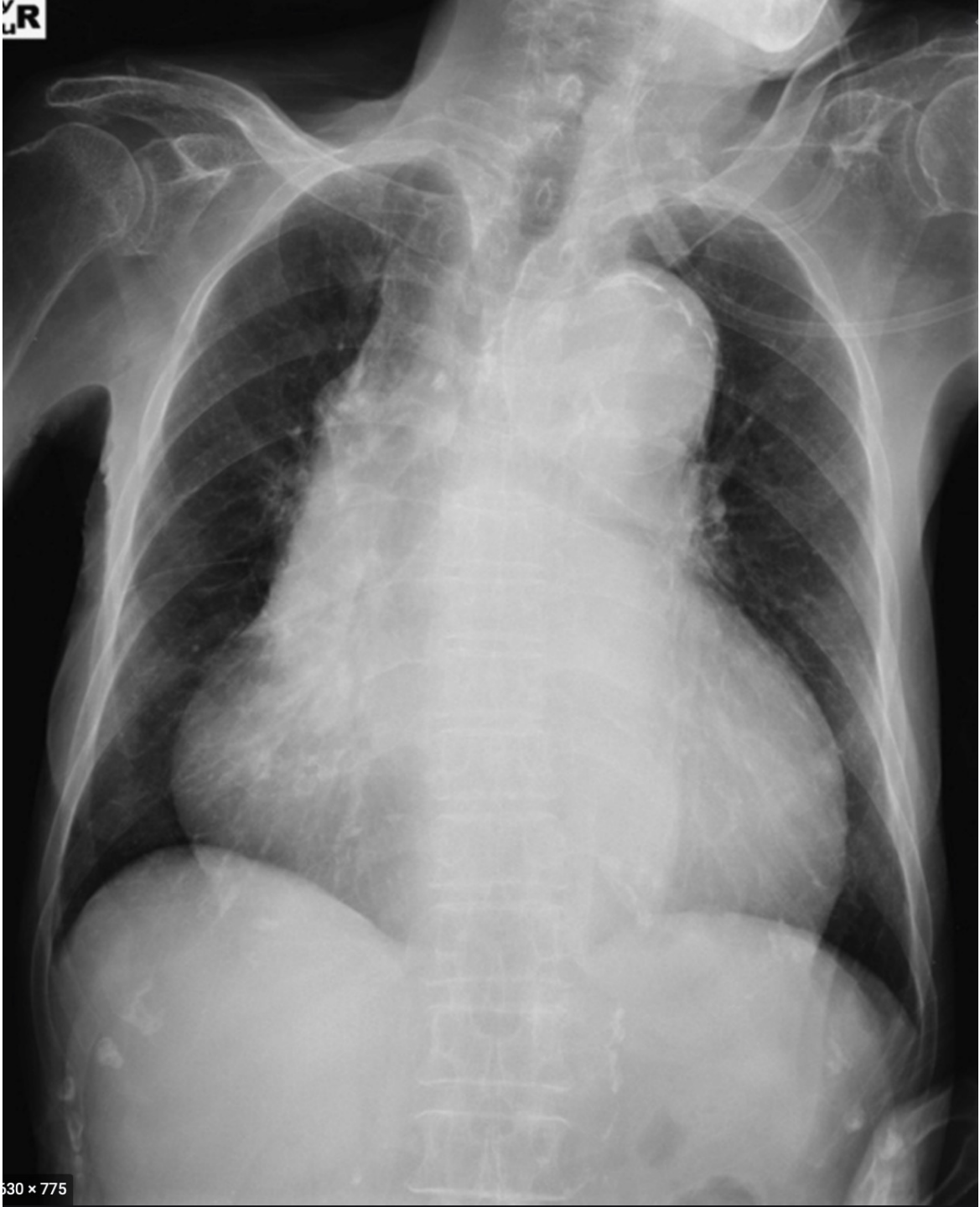
Reduced GCS



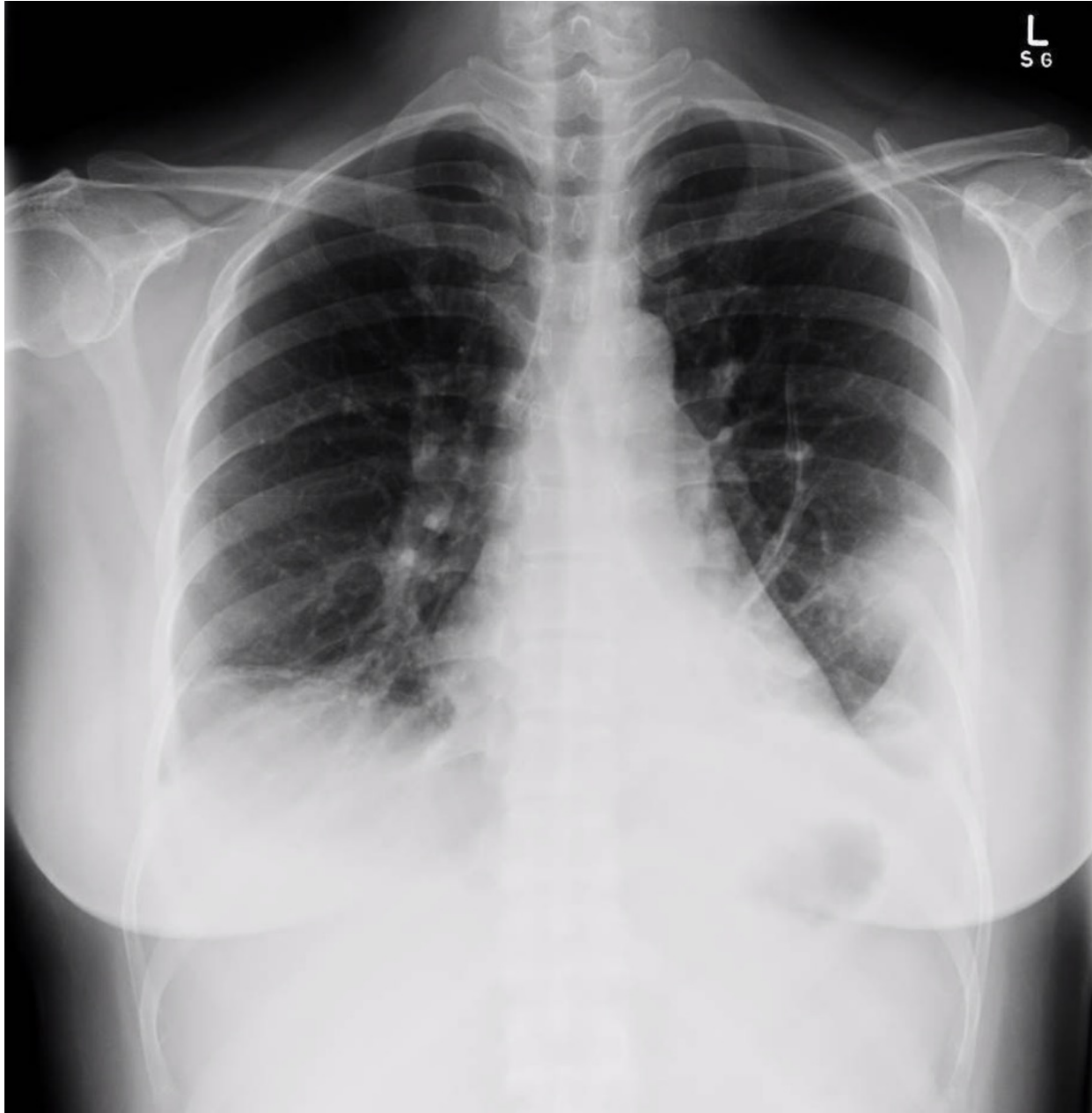
Severe CP



Severe CP



Pleural CP & SOB post long flight



Post procedure



Fever, cough, sats 80%. Family member covid +ve

