Inspection and interpretation of CXR

Assessment of competences for ANP

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note: Practitioners can add DOPS, PBAs and CEXs as evidence.**

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| --- | --- | --- | --- |
|  | **NOT competent** | **Competent** | **Signature and date** |
| Inspection and interpretation of CXR |
| 1 | Annotation* Patient name
* Correct date
* Confirm projection/view
* Correct left/right labelling identified
 |  |  |  |
| 2 | Alignment* Trachea
* Clavicles
* Spinal processes
 |  |  |  |
| 3 | Opacity* Identify vertebral bodies
* Identify the ribs
* Confirm correct exposure to proceed with interpretation
 |  |  |  |
| 4 | Review of lung fields* Identify the trachea
* Identify if ET tube in situ and position in relation to the carina
* Demonstrate the systematic review of each lung:
* Hila
* Lung markings
* Costophrenic and cardiophrenic angles
* Hemi diaphragms
* Homogeneity
* Comment of findings/normal/abnormal
 |  |  |  |
| 5 | Review of heart and mediastinum* Heart size
* Aortic arch
* Cardiac silhouette – cardiothoracic ratio
 |  |  |  |
| 6 | Confirmation of correct line positions* ET tube
* CVP
* PA line
* IABP
* Chest drain
* NG tube
* Sternal wires
* Prosthetic heart values
* Devices
 |  |  |  |
| 7 | Interpretation* ET tube incorrectly placed
* Consolidation
* Pulmonary oedema
* Pleural effusion
* Pneumothorax
* Haemothorax
* Unexplained shadowing/suspected neoplasm
 |  |  |  |
| **Assessor’s comments** – Demonstrates that the practitioner has ordered the CXR appropriately in accordance with postoperative protocol or based on abnormal clinical findings.Demonstrates that the practitioner has review the CXR in a systematic way, and ensures they have identified the correct legal and clinical aspects.The practitioner comments on the findings in relation to previous CXRs.The practitioner is able to verbalise the correct course of action that should be taken if there are any abnormal findings, to include communication with the multidisciplinary team and the documentation according to the practitioner’s professional body and code of conduct: |
|  |
| **This practitioner has completed these outcomes to the appropriate standard.****Assessor’s name:****Signature and date:** | **Practitioner’s signature:****Date:** |