

## Building Patient History Skills

The exam that I chose to talk about was a hand x-ray on a young (around 20 years old) female. A hand x-ray usually has three views: PA, oblique and lateral. The doctor ordered this specific exam because she had closed her hand in the door, and it was in pain.

We started by asking her to verify her first and last name and date of birth. After that, we asked if there was any possibility, she could be pregnant since she was female and was between the ages of 10 and 55. She answered “no” to the possibility of being pregnant, and we shielded her. Before I started the exam, I asked her what specific spot was hurting so I could double check we had the correct views and so we could relay this to the radiologist. She told me there was a pain in her palm, so for the lateral the other tech and I decided to do a lateral extension to look for any foreign bodies. Another question that we asked her was if she had ever had an x-ray before so we could explain the process to her.

After we finished all three pictures, we took her back to her room and told her that we would send these off to the radiologist and the doctors would come to relay the information to her very shortly. We then sent the images to the radiologist and in the notes section, we told the radiologist what she had done to her hand and told them where her pain was at. Since we told them where the pain was, they can focus on that area when evaluating everything.

There are a few questions that I did not ask that could have benefited the radiologist. I could have asked her things like “How long has this pain been going on?” or “How bad is the pain? Could you rate it on a scale of 1 to 10?”. I also could have asked “What does the pain feel like?” and I could have asked, “What makes the pain worse?”.

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The radiologist usually does not see the patient so I must describe and tell him the pain she's in and the state she's in so he can make a diagnosis based on what I have reported. If I did not explain what was happening with the patient, the radiologist could miss something important. Although it is the radiologist's job to give the final diagnosis, we play a very important role in gathering all the background information and getting all the details, even if they seem small.

On a scale of one to ten, I would rate my patient history technique a 7. I asked the general questions to be able to do an x-ray, but I should have dug a little deeper, so the radiologist had all the information possible.