Patient History

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10/13/2025

Routine questions that I have asked for a chest X-ray include: Do you have hypertension karma diabetes, any heart or lung diseases, surgical history on your heart and lungs, personal history of cancer, are you know or have you ever been a smoker. These questions are important to ask because hypertension can cause enlargement of the heart or heart failure. Diabetes can reduce healing and circulation and increase risk of cardiovascular disease. Lung diseases like COPD, asthma, tuberculosis, and pneumonia can cause the lungs to appear abnormal on a chest X-ray. Surgical history in the chest area can cause pacemakers stents, wires, and clips will show up on X-ray. Having a personal history of cancer let's the radiologist know if they need to compare if it has metastasized or if a different cancer has spread to the chest. Having a history of smoking is directly related to lung disease COPD and cancer which can all cause abnormal findings on an X-ray. The information was relayed to the radiologist through notes sent with the image.

Checking the chart before the test and then verifying diagnosis in recent notes checking prior imaging and if there's been a recent surgery can help better understand patient’s condition and appearance before retrieving them. That way upon meeting the patient and throughout their tests it will be easier to identify any decline in their condition. If they have issues with heart or lungs and the patient has cyanosis this can indicate hypoxia. Skin being cool and clammy to the touch can indicate shock and poor perfusion. Checking their level of consciousness is important because this affects their safety and ability to follow instructions during the exam. Breathing patterns is another physical response you want to check; laboratory shallow breathing may suggest respiratory distress.

Questions that I did not ask that could be asked for most exams include details on the onset of their symptoms, the duration, the location, the quality of symptoms, the severity, any aggravating factors, the alleviating factors, and any manifestations. Answer questions consist of how did it start? What happened? When did it first trouble you? Was it sudden or gradual? These

help determine if the problem is acute or chronic and they can help decide the urgency of the patient's condition this will also provide context if it is a sudden onset or if it's been a long-term issue.

Duration questions include: have you ever experienced it before? Is it continuous or intermittent? And how long has it lasted? This shows whether the condition is recurring or new. This can also guide the radiologist to check for changes compared to previous images and interpret findings. Location questions include where does it hurt? Can you point to it? and does it radiate elsewhere? This will help determine which part of the chest may need special attention or positioning. Pain located in distinguishing areas can help determine if the issue is in the lung, heart or a musculoskeletal issue. Radiation of pain would give clues of heart involvement.

Quality of symptom questions include: What does it feel like? Is it sharp, dull, throbbing, or stabbing pain? These questions will help identify the nature of the issue and can inform whether additional imaging or alternate views may be needed. Severity of symptom questions include: How bad is it? Pain scale (1-10), Does it wake you up night? These questions can impact the measure on movement and breathing severe pain might limit positioning or holding their breath during an X-ray. High pain levels could suggest acute pathology like a broken rib or need for emergency intervention.

Aggravating factor questions include: What makes the pain worse? When is it worse? Relate to meals, nights, or activity? These help identify triggers to what is causing the pain. Pain with exertion could be cardiac. Pain after eating could be reflux or hernia. Pain when lying flat could be pulmonary edema or reflux. Alleviating questions include: What helps or eases the pain? Does the position or rest matter? This provides clues to if it's a functional or a structural issue and helps the tech position the patient in a tolerable way.

Asking about any manifestations and associated symptoms can also help technologists and radiologists know what abnormalities expect. Symptoms including cough, fever, shortness of breath, fatigue, swelling, and wheezing can be common symptoms of patients needing a chest Xray. A fever and cough could suggest pneumonia. Swelling can suggest heart failure and wheezing can suggest asthma or obstruction.

Collecting this information before the exam can help narrow down points of interest. This will also help the radiologist have an idea of what they need to be analyzed. Most importantly, knowing this information before exposing can help reduce extra images being needed and patient having unnecessary exposure. I believe I am at a 5 on a 1-10 scale. Learning in class what questions should be asked is helpful for me to build onto this skill. Knowing all the options now of questions I can practice them in my clinical areas and gain my skills. The questions I have learned, especially for chest exams, are becoming easier to remember and I can take down with confidence that I am getting the information the radiologist is looking for.