

Patient History Skills

The exam I choose to write about is a trauma forearm on a six-year-old male at Covenant Children's Hospital. The patient was in the ER department, so the exam was done with the portable machine. As I was walking to the patient's room, I started to think about what questions to ask. I made sure to keep my terminology very simple and understandable for a six-year-old.

Upon arrival, I first knocked on the door and then introduced myself to the patient and his mother as well as letting them know I was there to take x-rays of his arm. The first question I asked was for the patient to give me his full name and date of birth. After I verified his identity, I asked the mother if there was any chance that she could be pregnant, in case she needed to leave the room before any exposures were made. I then asked the patient how he hurt his arm. He told me that he fell off the monkey bars at school and landed on his arm. I made sure to ask this question because I did not want to further injure him by moving the arm with possibility of a fracture. I had the tech help me lift his arm so that I could slide the image receptor underneath without causing the patient pain.

My patient was unable to rotate his forearm into the routine AP position, so instead of moving the arm, I shot the first image with his hand prone. After reviewing the first image, it was clear that the patient's forearm was broken. The patient was able to turn his arm for a routine lateral position. Once he turned his arm, I was able to see that there was deformity on the anterior side. I learned that it is always very important to ask questions, because if I had not asked the questions I did, I could have injured my patient more, since I did not initially see the deformity.

Since the arm was clearly fractured, the tech taught me how to make comments to the radiologist. We marked the study as STAT, as well as making additional comments letting the radiologist know that there were abnormal findings in the images. We also informed the nurse in the hallway so she was aware and could ensure the patient's arm was protected from further injury. The information I gathered, including the mechanism of injury, location of pain, and visible deformity was important for the radiologist. This history helps them interpret the images accurately, correlate findings with the injury story, and dictate a more precise and clinically relevant report. For example, knowing the child fell on an outstretched arm immediately directs the radiologist to carefully assess the radius and ulna, especially near the distal ends where buckle or greenstick fractures are common in children.

Looking back, there were a few additional questions that would have been helpful for the radiologist. I could have asked whether the patient had any previous injuries or pain in the same arm, or if there was any numbness, tingling, or swelling present. This information could help the radiologist determine whether the findings were acute or chronic and assess for possible nerve involvement or soft tissue damage. Even small details like whether the injury was on the

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dominant or non-dominant arm could have helped the radiologist better understand the clinical significance.

If I had not provided an adequate patient history, the radiologist could have been negatively impacted. Without knowing the mechanism of injury or the patient's limitations during imaging, the radiologist might misinterpret the images or overlook subtle findings. For instance, if they did not know the arm couldn't be positioned normally due to pain, they might assume the images were simply poorly positioned, which could delay diagnosis or require repeat imaging. Incomplete history also forces the radiologist to make assumptions, which increases the risk of inaccurate reporting and could affect the patient's treatment and recovery.

On a scale of 1 to 10, I would rate my patient history technique a 7. I realize that I could have asked more questions about what kind of pain my patient was feeling, and if he had any previous injuries in that location. Overall, this experience taught me that clear communication and detailed patient history are just as important as obtaining good images.