

Whitney Conners

Patient History

The exam chosen for my patient history evaluation is a two-view chest x-ray on an adult male in an outpatient clinical site. A routine two-view chest x-ray requires a posteroanterior view and a lateral view. These exams are usually performed to view respiratory and cardiac pathology, routine assessments, as well as placements of lines or tubes. Questions to obtain patient history relating to chest x-rays may include: "Why did you come to the doctor today? Have you been feeling short of breath and for how long? Are you experiencing any pain? Have you experienced something like this before or is this a new symptom for you? Do you have any scheduled surgeries coming up?" I narrowed down my questions to obtain a good patient history according to the information on the order requisition.

After checking the requisition for the reason for exam, I was then able to gauge what kind of questions to ask my patient for patient history. The order requisition stated that this patient came for a chest x-ray to ensure his PICC line was placed correctly. I verified patient identifiers and asked the patient what brought him in today for his chest x-ray. Asking the patient one open ended question about why he was there provided me with a history that had enough information to continue. He stated that he had just gotten a peripherally inserted central catheter placed earlier in the day, and the doctor sent him to x-ray. I asked him what the PICC line was needed for in case it was relevant. The patient informed me that he was recently diagnosed with cancer, and he needed intravenous access for his treatments in the near future. This conversation with my patient provided enough information for me to understand why the visit was necessary, and also take the required steps to communicate it to the radiologist.

In order to communicate this to the radiologist, my clinical preceptor and I flagged a comment for the doctor to read the chest x-ray for PICC line placement. The initial report came back from the radiologist stating "no acute chest abnormalities." Nothing was mentioned about the PICC line placement, which was why the patient was there for x-rays in the first place. We chose to reach out to the doctor so the reason for the exam could be addressed. The radiologist was informed, made an addendum to the original report, then clarified the PICC line placement was normal.

The information gathered in the patient history helps the radiologist understand what to prioritize if there are special circumstances regarding the patient. Because this patient came for evaluation of a PICC line placement, the radiologist was able to focus specifically on the catheter location, as well as the routine chest x-ray assessment. In this case, the radiologist did not read the notes that we left for him about line placement, so action was required on our part as techs. This communication with the radiologist was crucial for the patient in order to better able treat him.

Yes, I could have asked if the patient had experienced any discomfort, swelling, or pain near the line insertion site since it was placed. It also would have been beneficial to ask if the patient had ever had a PICC line before or any previous complications with one. Those details could inform the radiologist to look for potential issues such as misposition, migration, or early signs of infection.

Without a getting an adequate patient history, the radiologist might misread the image or overlook certain findings, like what happened with my patient. If I had not known the patient was there to check on the PICC line placement, the radiologist would not have gotten a note addressing that. Accurate patient history ensures appropriate image analysis from the radiologist, which betters patient care overall.

I would rate my patient history techniques at a 7 out of 10. I feel confident in my ability to communicate with patients, but I believe I need more practice doing so. My experience with this patient taught me how important it is to communicate with the radiologist as well, even though the note was thought to be sufficient, it still was not. Obtaining patient history is critical in healthcare, and especially in radiology, so I think more exposure and clinical practice with patients will allow me to develop those communication skills between both the patients and colleagues.