**Quality of Special Care Baby Unit (SCBU) portable chest x-rays (CXRs)**

**[QSI Refs: XR-503, XR-505]**

**Descriptor**

Assessing the quality of Special Care Baby Unit portable radiographs.

**Background**

Portable chest x-rays taken in Special Care Baby Unit are often of poor quality when compared to images obtained in the main radiology department.

**The cycle**

**The standard:**

Locally agreed standards:

1. Correct referrer entered on Radiology Information System (RIS).

2. Appropriate positioning, centering and coverage with no significant anatomical rotation of the image. No significant anatomical rotation of the image.

3. Tip of the nasogastric tube visualised (if present).

4. Image quality is diagnostic with all relevant structures visualised. All required anatomy visualised (lung apices to bases).

5. Dose correctly recorded on RIS and is within local DRL.

6. Anatomical marker in the primary beam.

**Target:**

100% for all relevant standards.

**Assess local practice**

**Indicators:**

% of Portable chest x-rays taken in Special Care Baby Unit regarded as sufficiently meeting the above standards assessed by a paediatric radiographer or paediatric radiologist.

**Data items to be collected:**

1. SCBU chest x-rays taken over 3-month period. 2. Evaluate images as per above standards.

**Suggested number:**

Aim for 50 portable chest x-rays taken in Special Care Baby Unit - site specific depending on size of SCBU unit.

**Suggestions for change if target not met:**

1. Feedback to SCBU/ Paeds team with results.

2. Engage with SCBU re correct positioning of babies.

3. Teaching/ simulation with radiographers to improve quality.

4. Reporting radiologists to bring unsatisfactory images to the attention of the radiographers.

5. Re audit in 6-12 months after training.

**Resources:**

1. Radiographer/Radiologist time: 20 hours.

2. Access to RIS/PACS.

3. Support from Clinical Systems for data collection.

4. Audit department support for data analysis.

**References:**

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