

INSIDE GUIDE TO X-RAY INTERPRETATION

X-Ray Interpretation Workflow



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X-Ray Interpretation Workflow: From Order → Image → Follow-Up

Use this checklist to slow down just enough to get it right—every time.

Before You Click “Order”

- Start with clinical judgment.** Imaging doesn’t stand alone. It supports history, exam, and risk assessment, and vice versa.
- Order with intent.** Apply ACR Appropriateness Criteria® to avoid unnecessary radiation and low-value studies.
- Consider occult injury.** Persistent pain or focal findings may warrant suspicion despite a normal initial X-ray.
- Avoid low-yield studies.** Sinus films and lateral neck x-rays rarely change urgent care management.
- Know when to escalate.** Airway compromise, spine trauma, or complex facial injuries require ED-level imaging.

After You Get the Film

- Confirm the basics.** Correct patient, study, date, and time.
- Verify orientation and laterality.** Check right/left markers and mirror-image convention.
- Confirm views obtained.** PA vs AP ± lateral match what was ordered and needed.
- Scan for key anatomy.** Apices → lateral rib edges → costophrenic angles (frontal); lungs, ribs, sternum, diaphragms (lateral).
- Assess image quality first (RIPE).** Rotation, Inspiration, Projection, Exposure—decide if the film is reliable.
- Pause if quality is poor.** Repeat imaging or escalate rather than overcall or miss disease.
- Use a systematic approach for an accurate and thorough reading.** Apply **D**etails, **R**otation, **S**oft Tissue/Bone, **A**irway, **B**reathing, **C**ardiac Size, **D**iaphragm, **E**xtras approach without skipping steps.

After the Read

- State findings clearly.** Document key normal and abnormal findings in precise language.
- Acknowledge limitations.** Note image quality issues or equivocal findings.
- Correlate clinically.** Ensure imaging aligns with history and physical exam.
- Communicate with radiology.** Share focused clinical questions or request clarification if needed.
- Close the loop.** Explain results, limitations, and follow-up to the patient.
- Plan next steps.** Document return precautions, re-imaging, referral, or ED transfer when indicated.

Takeaway: *A safe x-ray read isn’t just about what you see
— it’s how and when you decide, document, and act.*



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