



*6 DIAGNOSTIC RADIOGRAPHY *6 CLINICAL PRACTICE STUDENT LOG-BOOK

STUDENT NAME: _____
ID NUMBER: _____

Prepared By:
Mrs. Jawaher Khalid Almaimani ..

Approved by:

Dr. Jehad S. Felemban, Chairman, Diagnostic Radiography Technology Department





❖ GENERAL X-RAY

Date :

- Clinical Site: (Outpatient - Inpatient - ER - Portable).

- Patient MRN:

- X-RAY FOR:

- Clinical Indication: "Please mention any Important Abbreviation"

➤ Patient Position : Supine Prone Erect Other _____

➤ Projections: AP PA Lateral Oblique

➤ Modified Projection: _____

➤ CP: _____

➤ CR: Perpendicular Angulation _____

➤ SID / Grid : Green (100cm) Yellow (180cm)

RED Blue

➤ Area of Interest / FOV: _____

➤ Radiation Protection: Thyroid Collar Gonad shield

Lead Aprons Other _____

• Comments: _____

❖ GENERAL X-RAY

Date :

- Clinical Site: (Outpatient - Inpatient - ER - Portable).

- Patient MRN:

- X-RAY FOR:

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Lead Aprons Other _____

• Comments: _____

J. Almairani

Approved by: Dr. Jehad S. Felemban, Chairman, Diagnostic Radiography Technology Department



❖ **FLOROSCOPY :**

- Outpatient
 Inpatient

- Date:

- Patient MRN:

- Name of the Study:

- Reason of the Exam: "Please mention any Important Abbreviation"

- **Patient Preparation:**

- **Preparing for the Procedure :**

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> Catheter ----- | <input type="checkbox"/> Saline | <input type="checkbox"/> Needles |
| <input type="checkbox"/> Contrast Media | <input type="checkbox"/> Gauze | <input type="checkbox"/> Syringe |
| <input type="checkbox"/> Sterile Gloves | <input type="checkbox"/> Basins & Cups | |
| <input type="checkbox"/> Others _____ | | |

➤ Patient Position : Supine Prone Erect Other _____

➤ Projections : AP PA Lateral Oblique Other _____

○ Aim of each projection: _____

➤ CP: _____

➤ CR: Perpendicular Angulation _____

➤ Coverage Area/ FOV: _____

➤ Radiation Protection: Thyroid Collar Gonad shield
 Lead Aprons Other _____

➤ Type of CM : Telebrix Xenetix Other _____

➤ Rote of CM : Oral IV Rectum Other _____

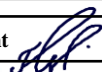
➤ Patient After Care : _____

•Comments:

J. Almairani

Approved by:

Dr. Jehad S. Felemban, Chairman, Diagnostic Radiography Technology Department



❖ COMPUTED TOMOGRAPHY

- Date :
- Patient MRN:
- Name of the Study:

- Reason of the Exam: "Please mention any Important Abbreviation"

•Preparing for CT Scan:

- Saline Needles Contrast Media Gauze
- Syringe Gloves
- Others _____

➤ Scout (Topogram) : Coronal Sagittal Axial Other _____

➤ Patient Position : Supine Prone Other _____

➤ Scan Direction : Head First Feet First Other _____

➤ CP: _____

➤ Coverage Area / FOV: _____

➤ Type of CM : Telebrix Xenetix Other _____

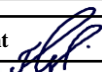
➤ Rote of CM : Oral IV Rectum Other _____

- Comments:

J. Almaimani

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Dr. Jehad S. Felemban, Chairman, Diagnostic Radiography Technology Department





❖ **ULTRASOUND,**

- Date :
- Clinical Site: (Outpatient / Inpatient / OB- GYN)
- Patient MRN:
- Name of the Study:

• Reason of the Exam: “Please mention any Important Abbreviation”

- Type of Transducer used: Linear Array Convex Array
- Sector Array Other -----

Pelvic US:

- Uterus Size :
- Endometrium ; mm
- RT Ovary Size cm
- LT Ovary Size cm
- Bladder Volume: Prevoid cc , Postvoid cc
- Comments:.....
-

Other :

Steps and Parts included in the scan:

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• Comments:.....

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J. Almaimani

Approved by: **Dr. Jehad S. Felemban, Chairman, Diagnostic Radiography Technology Department**



❖ **ANGIOGRAPHY,** - Date : _____
 - Name of the Procedure: _____
 - Patient MRN: _____

• **Request of the Patient :**

➤ Reason of the Exam: "Please mention any Important Abbreviation"

• **Preparing for the Procedure :**

- | | | |
|---|---|---|
| <input type="checkbox"/> Angio Drape | <input type="checkbox"/> Skin Prep Solution | <input type="checkbox"/> Local Anesthesia |
| <input type="checkbox"/> Suture | <input type="checkbox"/> Introducer Sheath | <input type="checkbox"/> Peel away Sheath |
| <input type="checkbox"/> Catheter ----- | <input type="checkbox"/> Heparin Saline | <input type="checkbox"/> Saline |
| <input type="checkbox"/> US probe cover | <input type="checkbox"/> Needles | <input type="checkbox"/> Scalpel |
| <input type="checkbox"/> Contrast Media ----- | <input type="checkbox"/> Puncture Needle | <input type="checkbox"/> Gauze |
| <input type="checkbox"/> Guide wire ----- | <input type="checkbox"/> Dilators | <input type="checkbox"/> Syringe |
| <input type="checkbox"/> Stent ----- | <input type="checkbox"/> Sterile Gowns & Gloves | <input type="checkbox"/> Basins & Cups |
| <input type="checkbox"/> Others _____ | | |

- Site of Puncture: Femoral Radial Basilic Vein Other -----
- Radiation Protection: Thyroid Collar Gonad shield Lead Aprons
- Dose Delivered Accumulation: _____
- Comments: _____

• In case this procedure is cancelled, Explain the reason.

❖ **DOPPLER ULTRASOUND** - Date: _____
 - Patient MRN: _____
 - Name of the Study: _____

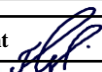
Reason OR Diagnosis: "Please mention any Important Abbreviation"

- Type of Transducer used: Linear Array Convex Array Sector Array
 - Negative Study **OR** Positive Study
 - Comments _____
- **In case of Lower Extremity Venous Doppler (DVT):**
- Negative Study **OR** Positive Study
 - DVT Diagnostic Features: NO Color Filing NO Compression
 - Echogenic clot Other -----
- Comments: _____

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" DIAGNOSTIC RADIOGRAPHY "

CLINICAL PRACTICE STUDENT LOG-BOOK

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❖ GENERAL X-RAY

Date :

- Clinical Site: (Outpatient - Inpatient - ER - Portable) _____

- Patient MRN:

- X-RAY FOR:

- Clinical Indication: "Please mention any Important Abbreviation" _____

- Patient Position : Supine Prone Erect Other _____
- Projections : AP PA Lateral Oblique
- Modified Projection: _____
- CP: _____
- CR: Perpendicular Angulation _____
- SID / Grid : Green (100cm) Yellow (180cm)
 RED Blue
- Area of Interest / FOV: _____
- Radiation Protection: Thyroid Collar Gonad shield
 Lead Aprons Other _____
- Comments: _____

❖ GENERAL X-RAY

Date :

- Clinical Site: (Outpatient - Inpatient - ER - Portable) _____

- Patient MRN:

- X-RAY FOR:

- Clinical Indication: "Please mention any Important Abbreviation" _____

- Patient Position : Supine Prone Erect Other _____
- Projections : AP PA Lateral Oblique
- Modified Projection: _____
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- SID / Grid : Green (100cm) Yellow (180cm)
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- Area of Interest / FOV: _____
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 Lead Aprons Other _____
- Comments: _____

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❖ FLOROSCOPY:

- Outpatient
- Inpatient

- Date:

- Patient MRN:

- Name of the Study:

• Reason of the Exam: "Please mention any Important Abbreviation"

• Patient Preparation:

• Preparing for the Procedure :

- Catheter _____
- Contrast Media
- Sterile Gloves
- Others _____
- Saline
- Gauze
- Basins & Cups
- Needles
- Syringe

➤ Patient Position : Supine Prone Erect Other _____

➤ Projections : AP PA Lateral Oblique Other _____

○ Aim of each projection: _____

➤ CP: _____

➤ CR: Perpendicular Angulation _____

➤ Coverage Area/ FOV: _____

➤ Radiation Protection: Thyroid Collar Gonad shield

Lead Aprons Other _____

➤ Type of CM : Telebrix Xenetix Other _____

➤ Rote of CM : Oral IV Rectum Other _____

➤ Patient After Care : _____

•Comments: _____

J. Almalmani

Approved by: Dr. Jehad S. Felemban, Chairman, Diagnostic Radiography Technology Department



❖ COMPUTED TOMOGRAPHY

- Date :

- Patient MRN:

- Name of the Study:

• Reason of the Exam: "Please mention any Important Abbreviation"

•Preparing for CT Scan:

- Saline
- Syringe
- Others _____
- Needles
- Gloves
- Contrast Media
- Gauze

➤ Scout (Topogram) : Coronal Sagittal Axial Other _____

➤ Patient Position : Supine Prone Other _____

➤ Scan Direction : Head First Feet First Other _____

➤ CP: _____

➤ Coverage Area / FOV: _____

➤ Type of CM : Telebrix Xenetix Other _____

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• Comments: _____

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❖ **ULTRASOUND,** - Date :
 - Clinical Site: (Outpatient / Inpatient)
 - Patient MRN:
 - Name of the Study:

• Reason of the Exam: "Please mention any Important Abbreviation"

• Type of Transducer used: Linear Array Convex Array
 Sector Array Other

Renal US:

Kidney Size: RT cm , LT cm
 Echogenicity: RT: Normal Hyperechoic Hypoechoic anechoic
 LT: Normal Hyperechoic Hypoechoic anechoic
 Collecting system: RT: Normal Other
 LT: Normal Other
 Bladder Volume: Prevoid cc , Postvoid cc

• Comments:.....

Abdomen US:

Aorta cm
 IVC cm
 Liver :
 - Size: Normal cm Abnormal cm
 - Echogenicity: Normal Hyperechoic Hypoechoic anechoic
 PV cm , CBD cm
 GB Normal cm Abnormal cm [.....]
 Pancreas Normal Abnormal [.....]
 Kidney Size: RT cm , LT cm
 Spleen cm

• Comments:.....

Thyroid US :

RT Lobe size: cm
 LT Lobe size: cm
 Isthmus cm

• Comments:.....

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❖ **ULTRASOUND,** - Date :
 - Clinical Site: (Outpatient / Inpatient / OB- GYN)
 - Patient MRN:
 - Name of the Study:

• Reason of the Exam: "Please mention any Important Abbreviation"

• Type of Transducer used: Linear Array Convex Array
 Sector Array Other

Pelvic US:

Uterus Size :
 Endometrium ; mm
 RT Ovary Size cm
 LT Ovary Size cm
 Bladder Volume: Prevoid cc , Postvoid cc

Comments:.....

Other :

Steps and Parts included in the scan:

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• Comments:.....

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- Name of the Procedure: _____
- Patient MRN: _____

• **Request of the Patient :**

➤ Reason of the Exam: "Please mention any Important Abbreviation"

• **Preparing for the Procedure :**

- | | | |
|---|---|---|
| <input type="checkbox"/> Angio Drape | <input type="checkbox"/> Skin Prep Solution | <input type="checkbox"/> Local Anesthesia |
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| <input type="checkbox"/> Guide wire ----- | <input type="checkbox"/> Dilators | <input type="checkbox"/> Syringe |
| <input type="checkbox"/> Stent ----- | <input type="checkbox"/> Sterile Gowns & Gloves | <input type="checkbox"/> Basins & Cups |
| <input type="checkbox"/> Others _____ | | |

➤ Site of Puncture: Femoral Radial Basilic Vein Other -----

➤ Radiation Protection: Thyroid Collar Gonad shield Lead Aprons

➤ Dose Delivered Accumulation: _____

➤ Comments: _____

• In case this procedure is cancelled, Explain the reason.

❖ **DOPPLER ULTRASOUND** - Date: _____
- Patient MRN: _____
- Name of the Study: _____

Reason OR Diagnosis: "Please mention any Important Abbreviation"

- Type of Transducer used: Linear Array Convex Array Sector Array
- Negative Study **OR** Positive Study
- Comments _____

➤ **In case of Lower Extremity Venous Doppler (DVT):**

- Negative Study **OR** Positive Study
- DVT Diagnostic Features: NO Color Filing NO Compression
 Echogenic clot Other -----

• Comments: _____

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