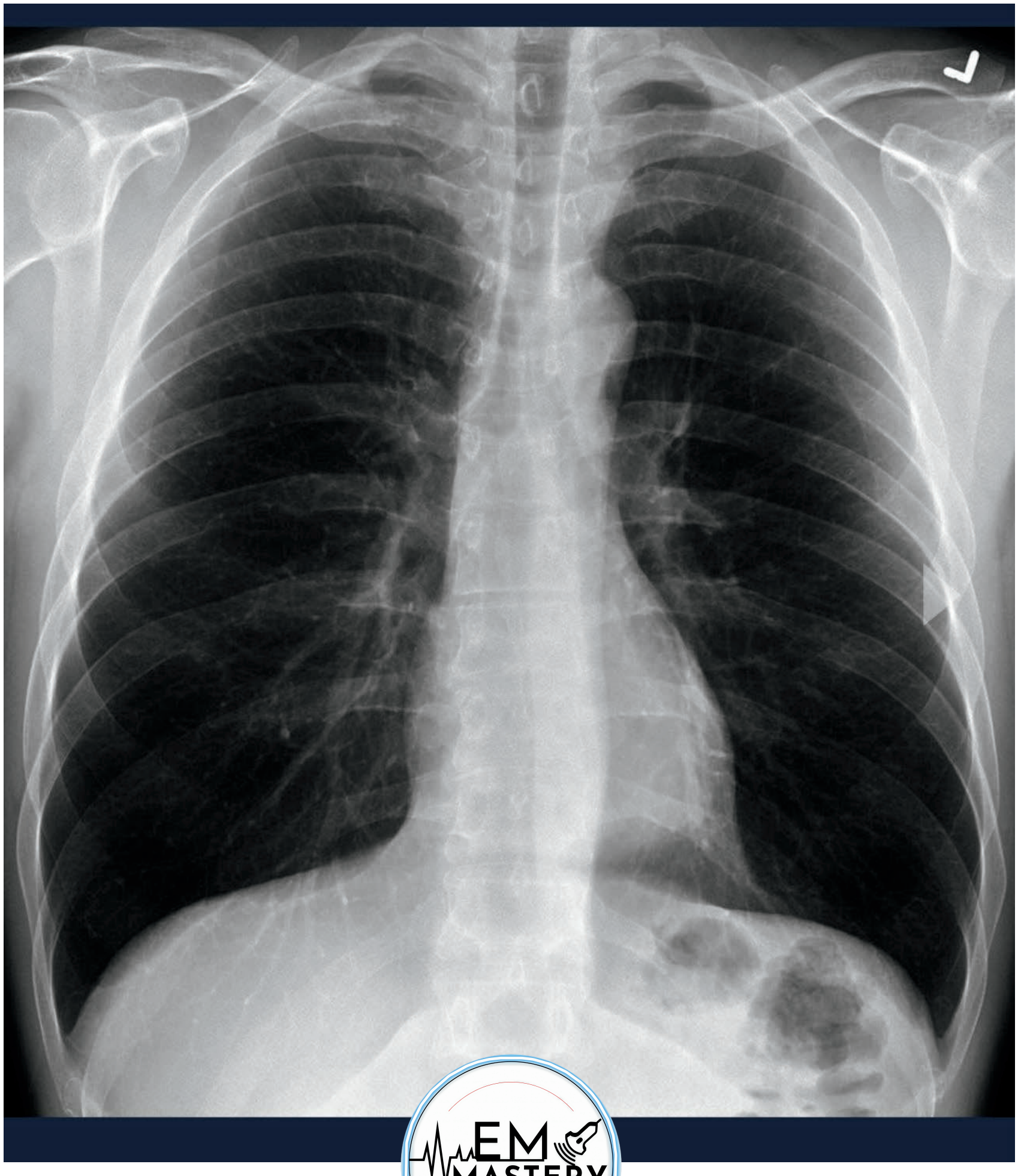
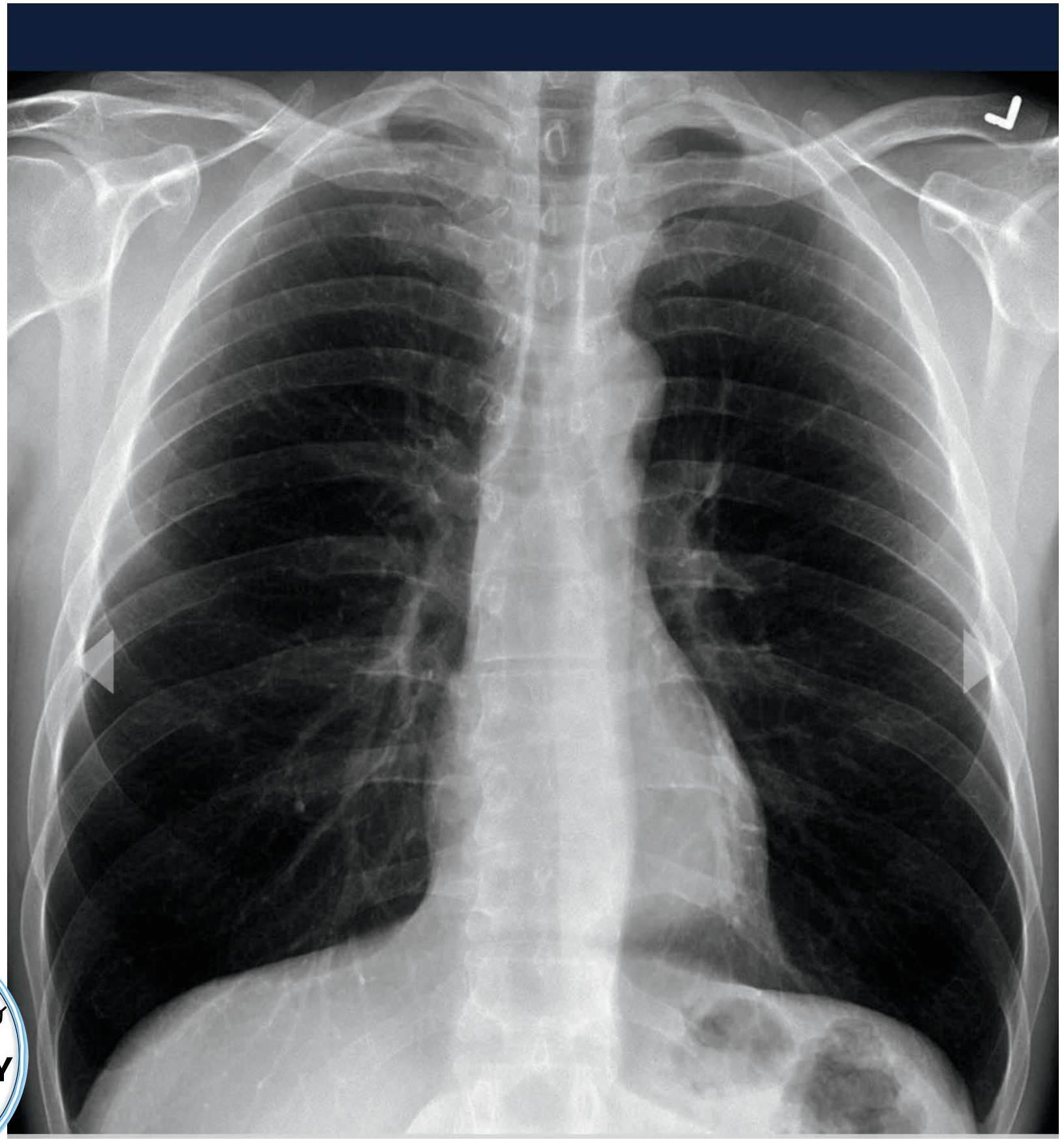
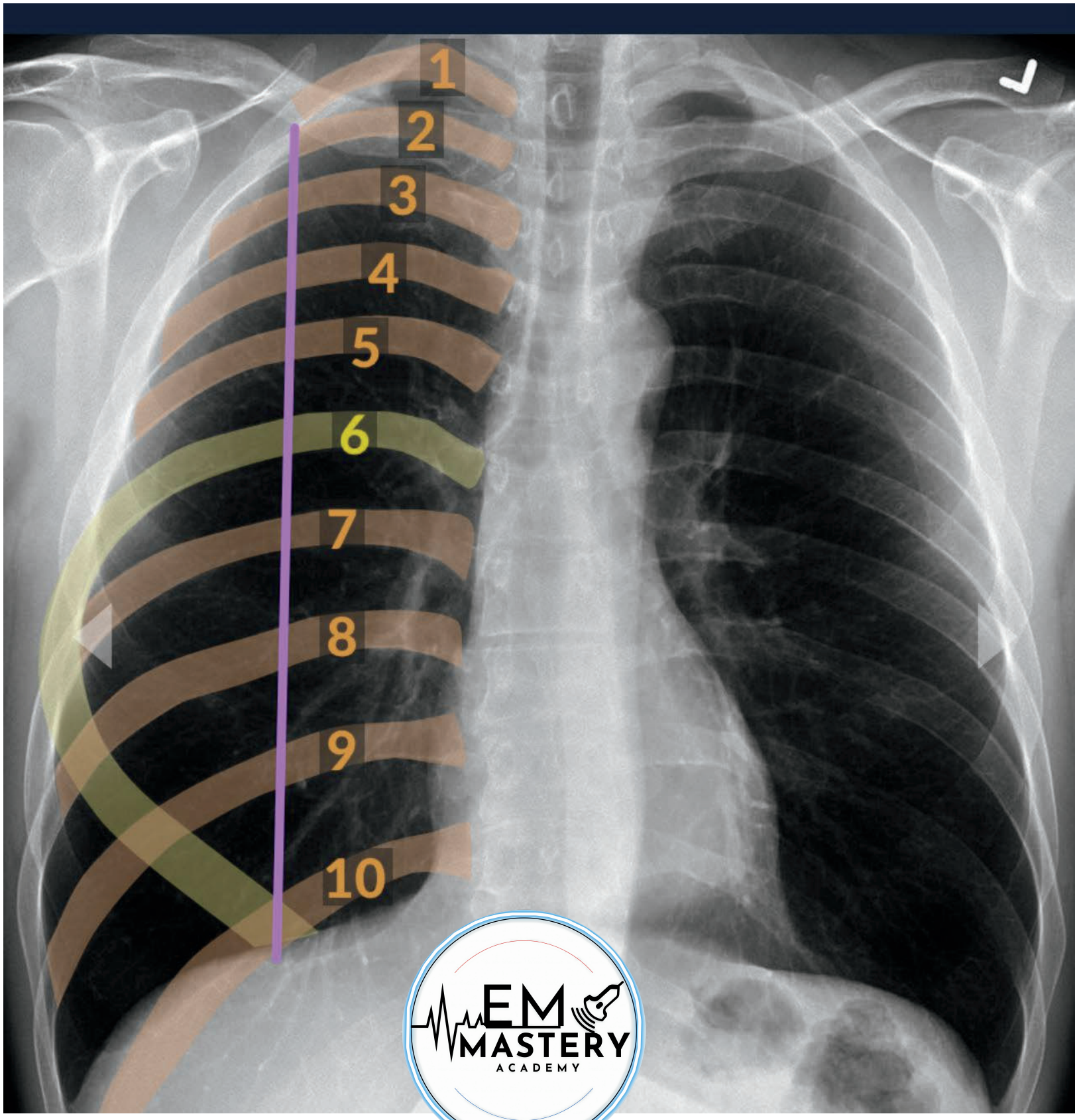


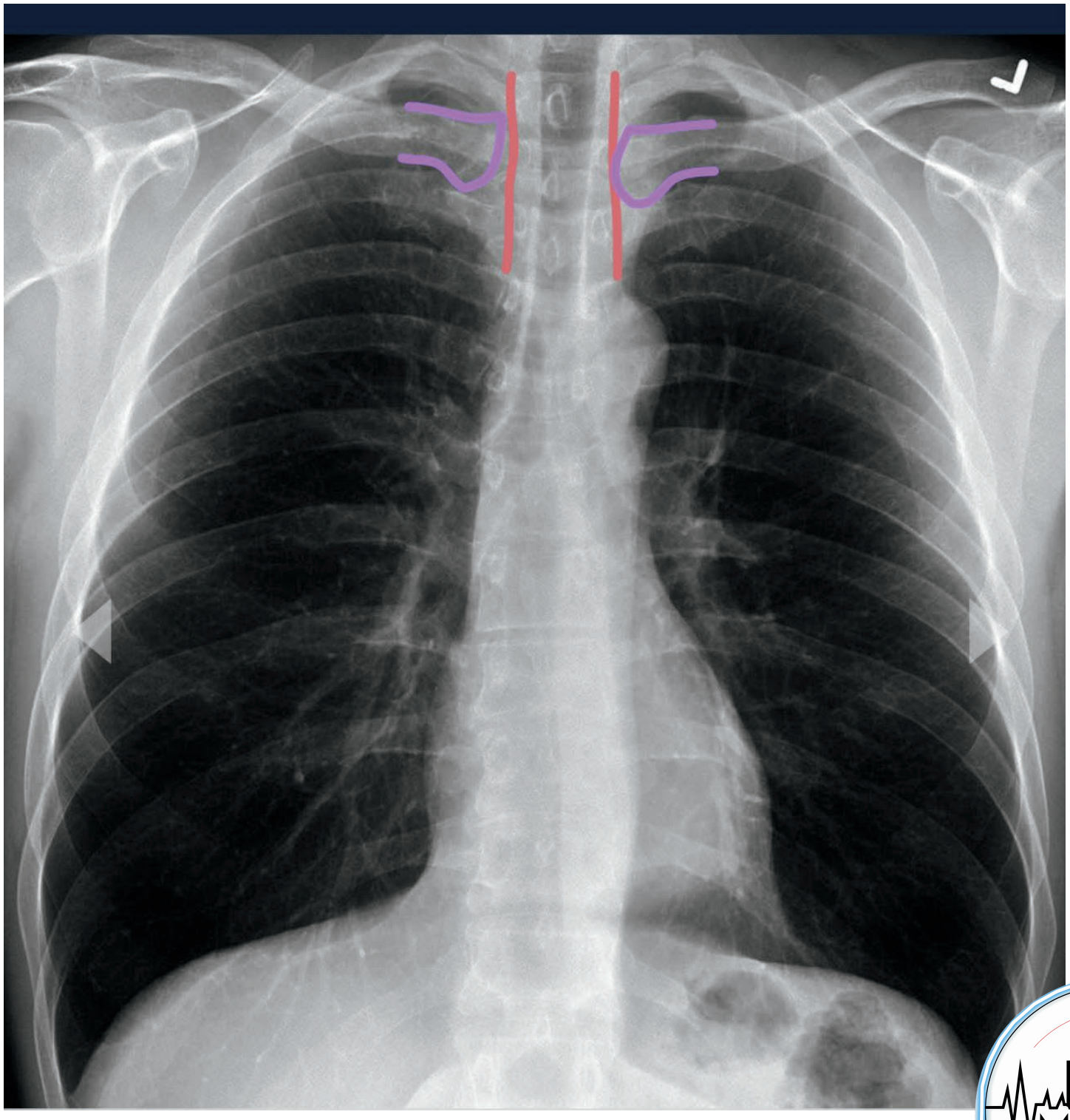


Determine if the film is AP or PA, supine or upright. AP will make the heart appear larger, among other things

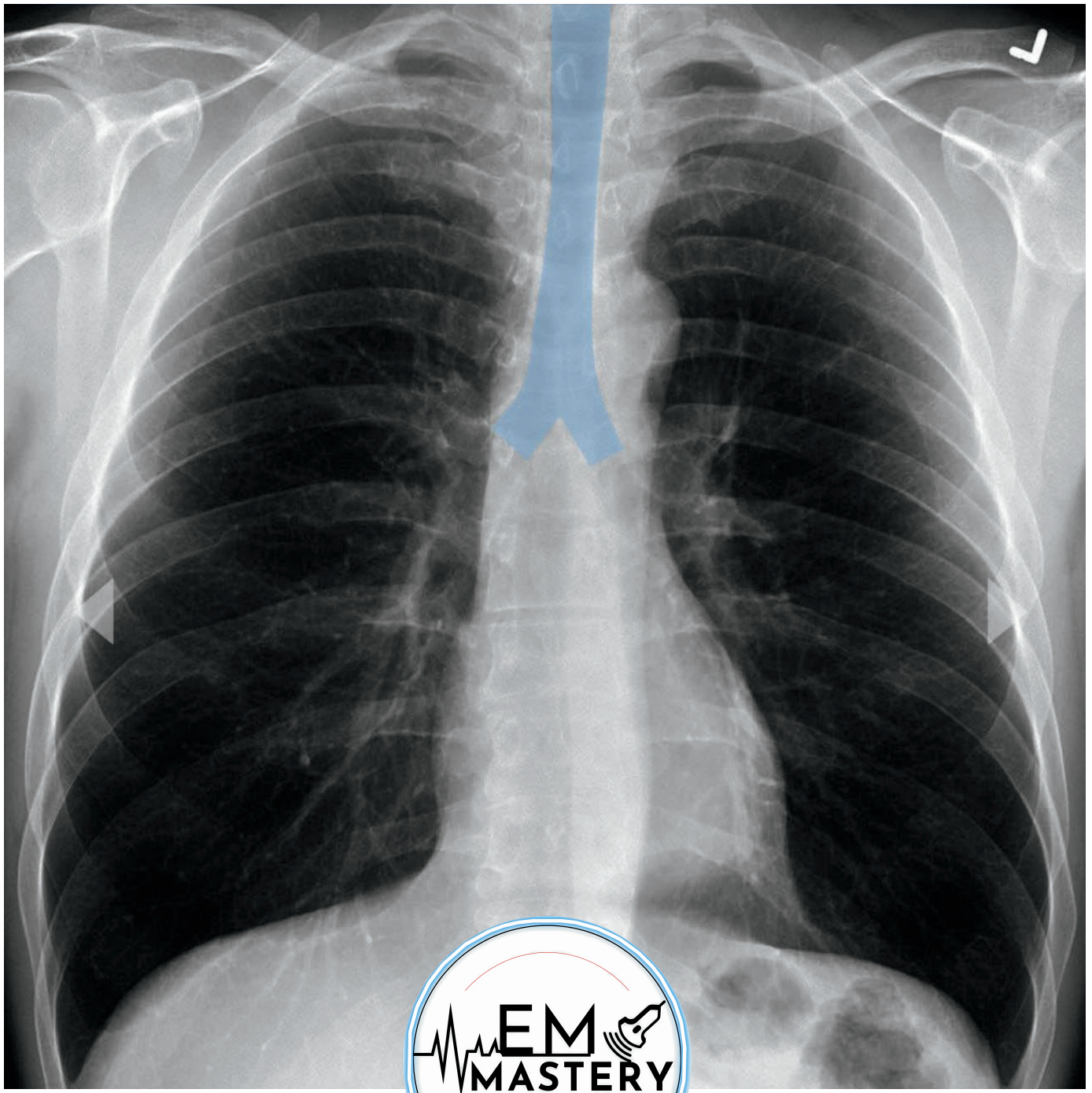


Assess inspiration using anterior ribs:
5th-7th anterior ribs should intersect
the diaphragm at the mid-clavicular line.
The numbered arcs are posterior ribs.

Radiology Masterclass: Inspiration (2019)

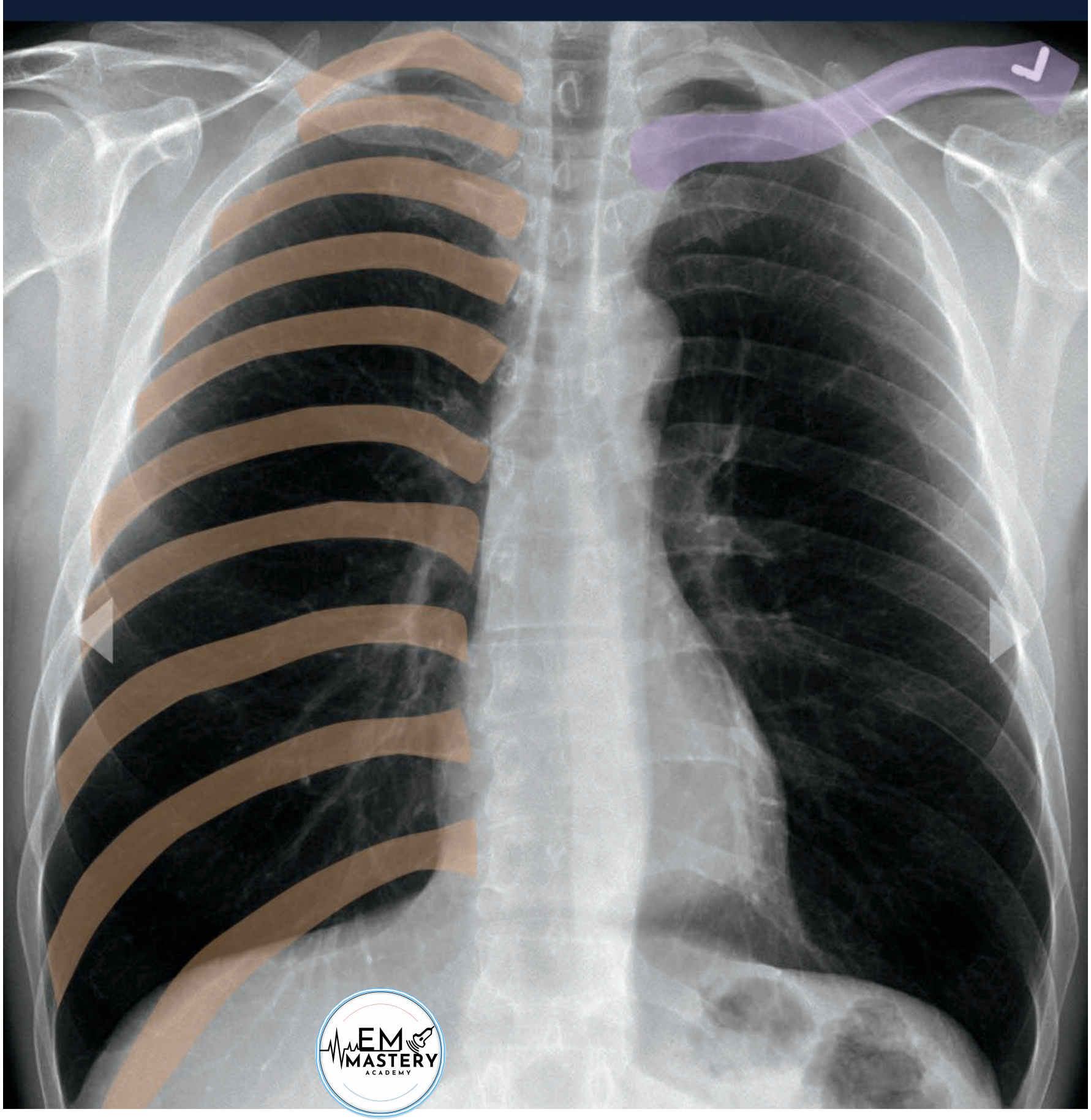


Assess for rotation by making sure the medial clavicles are equidistant from the spinal column

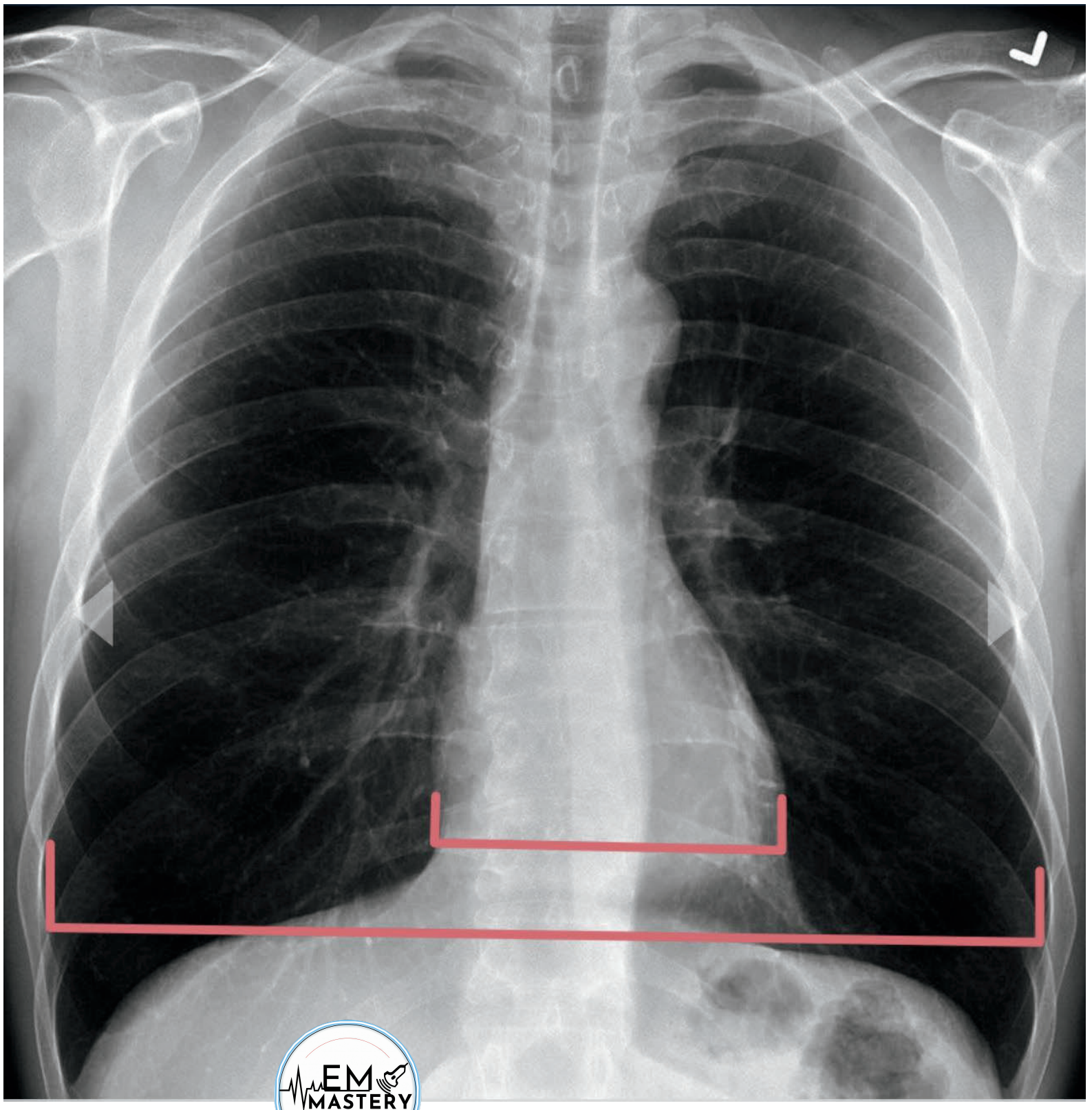


Inspect tracheal position and the bronchi for visible foreign bodies or signs of obstruction.
A normal chest radiograph
does not exclude aspiration.

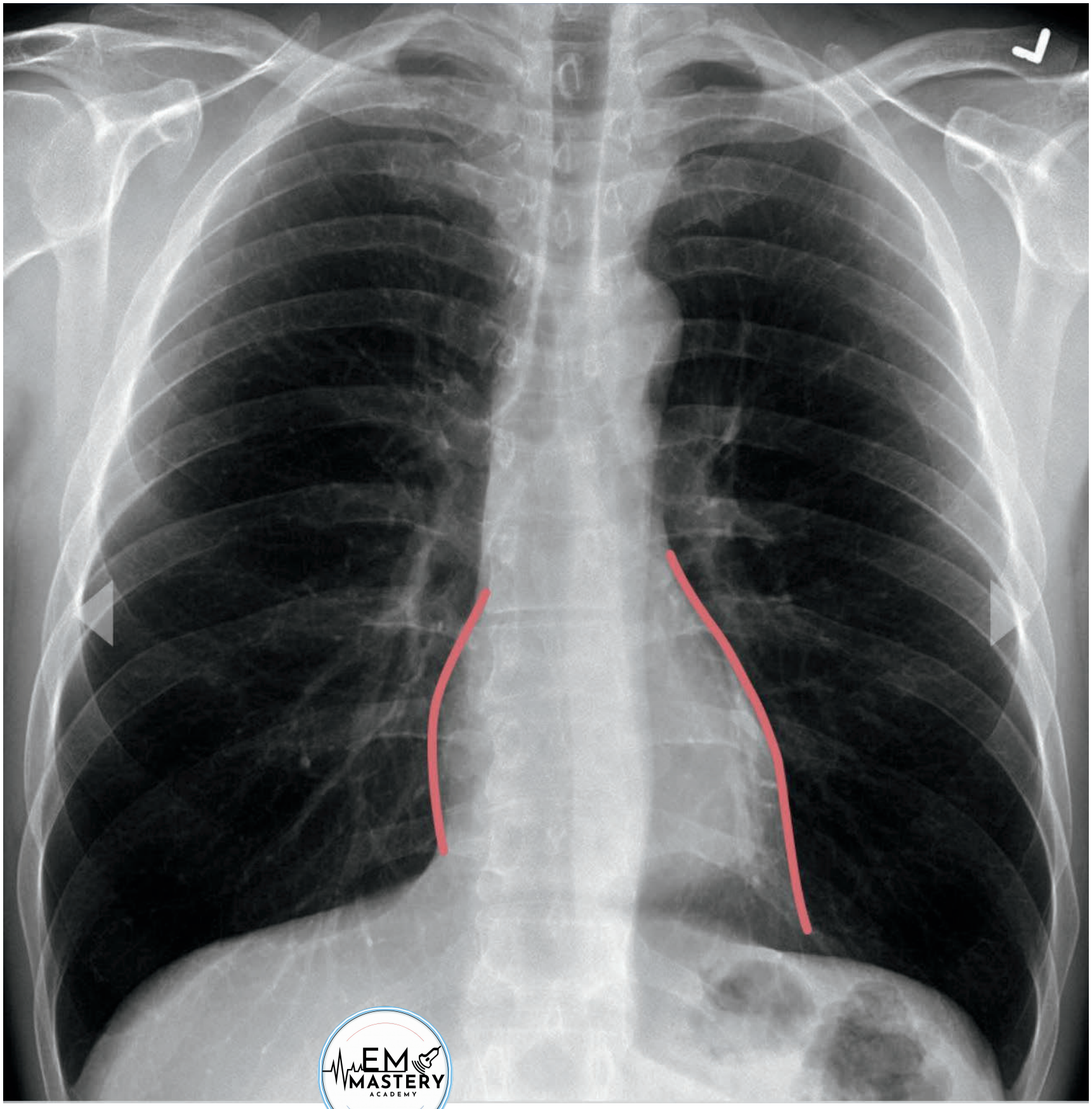
Royal Children's Hospital: Foreign bodies inhaled



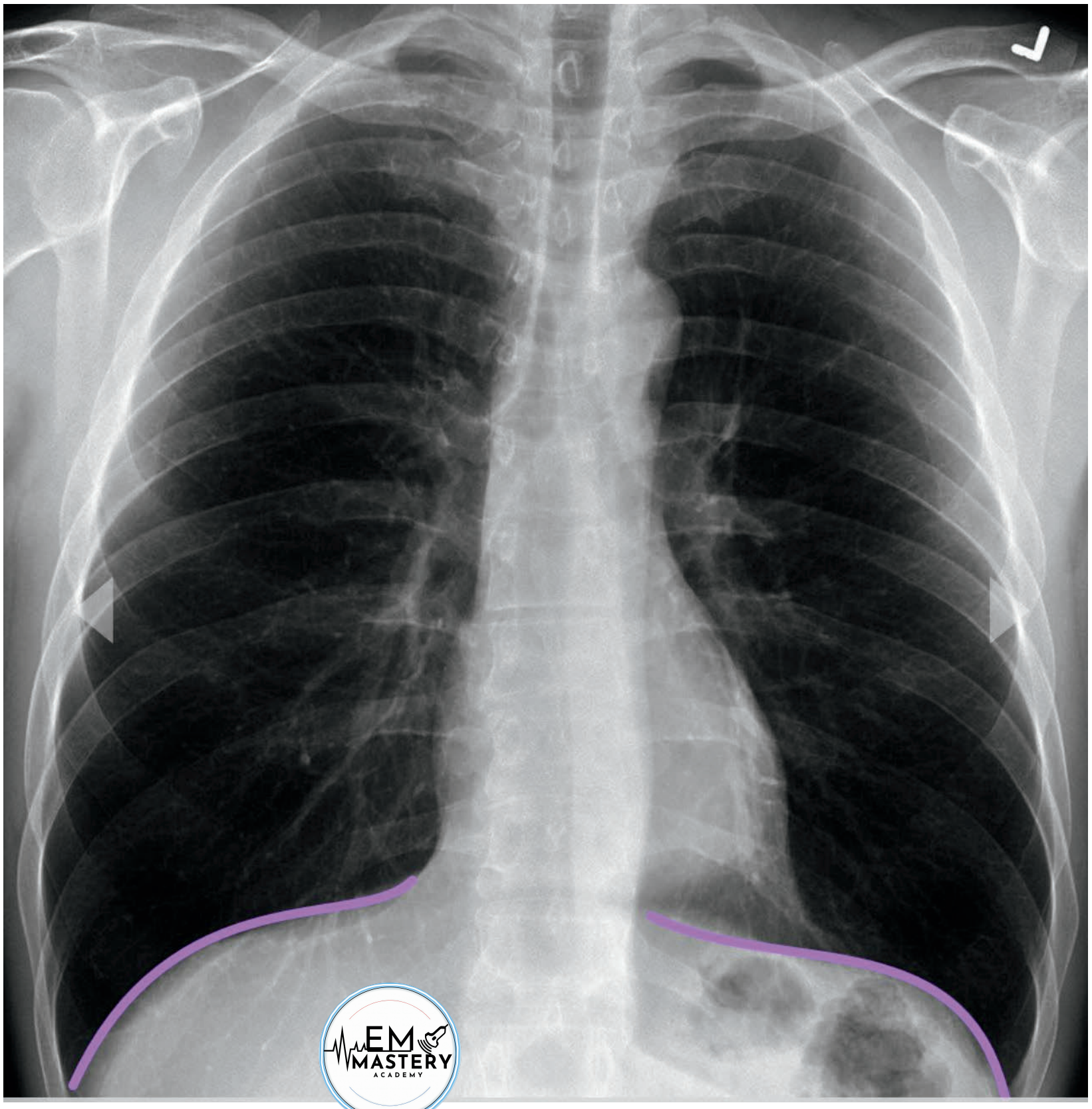
Check the ribs, clavicles, scapulae, humeral heads, and spine for signs of fracture



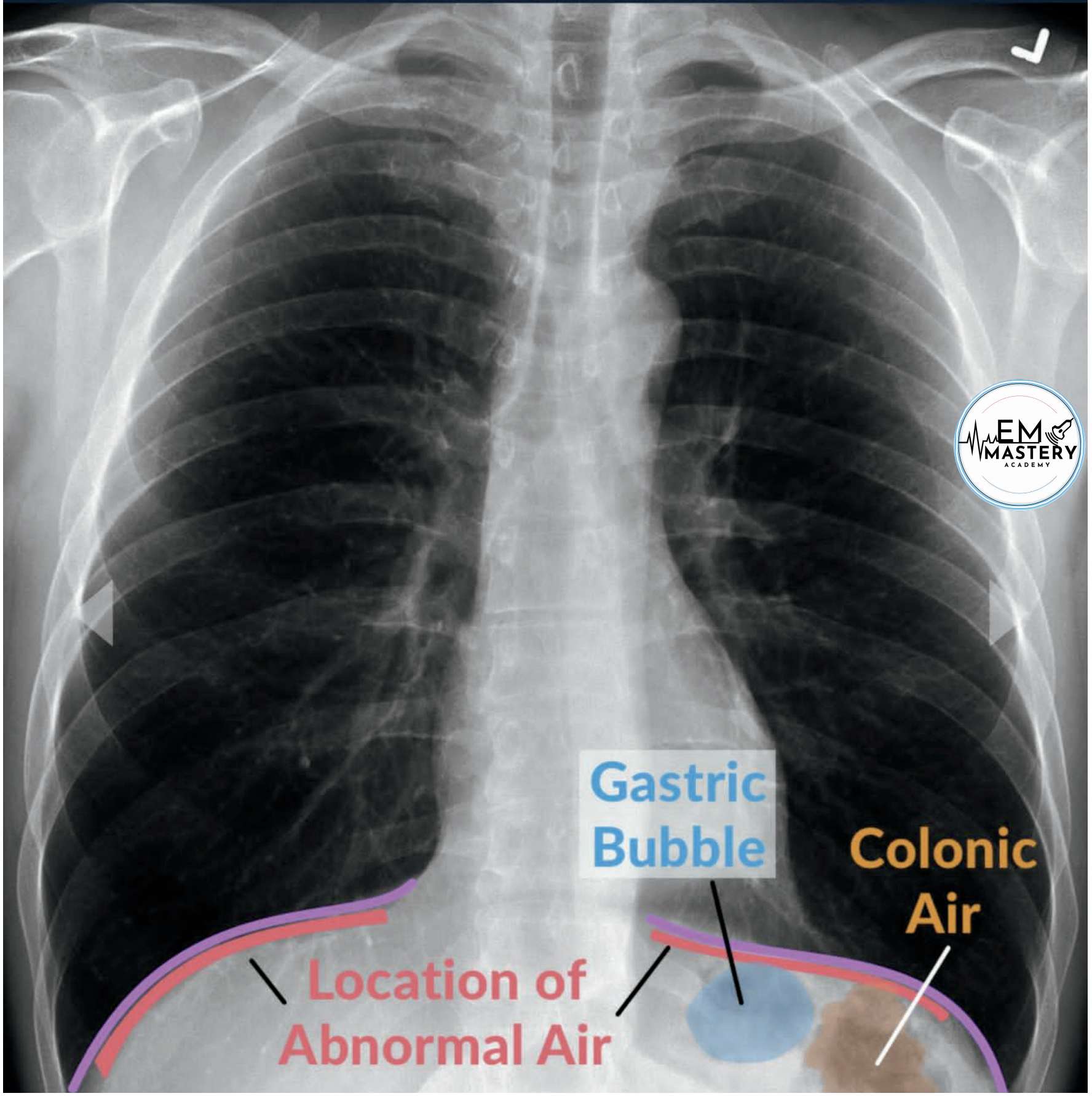
Measure cardiothoracic ratio.
The heart should be <50% of the width of the thorax on the PA view.



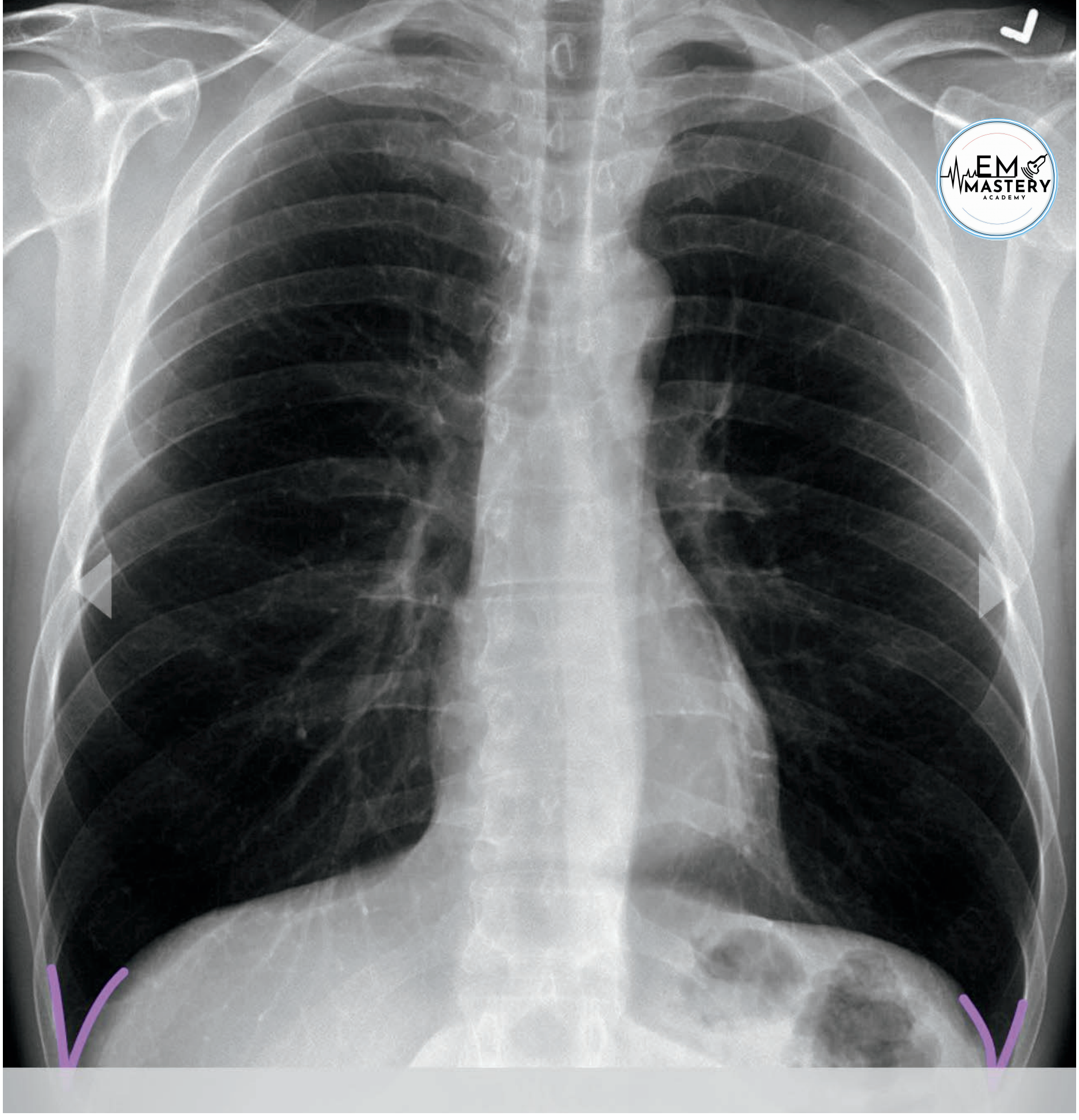
Ensure that the left and right borders of the heart are well defined.



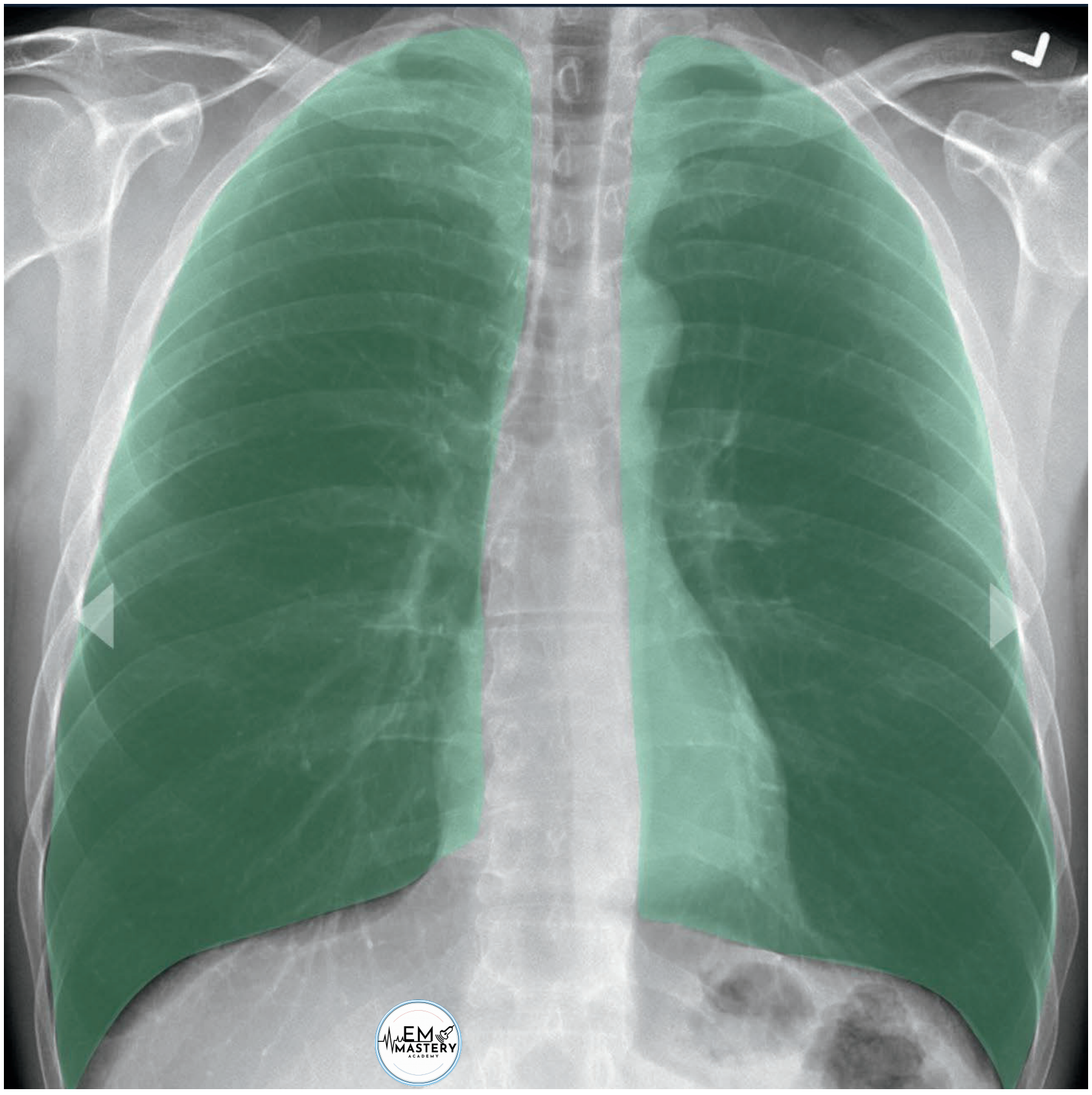
Make sure the diaphragm borders are clearly seen and that there is no diaphragmatic flattening



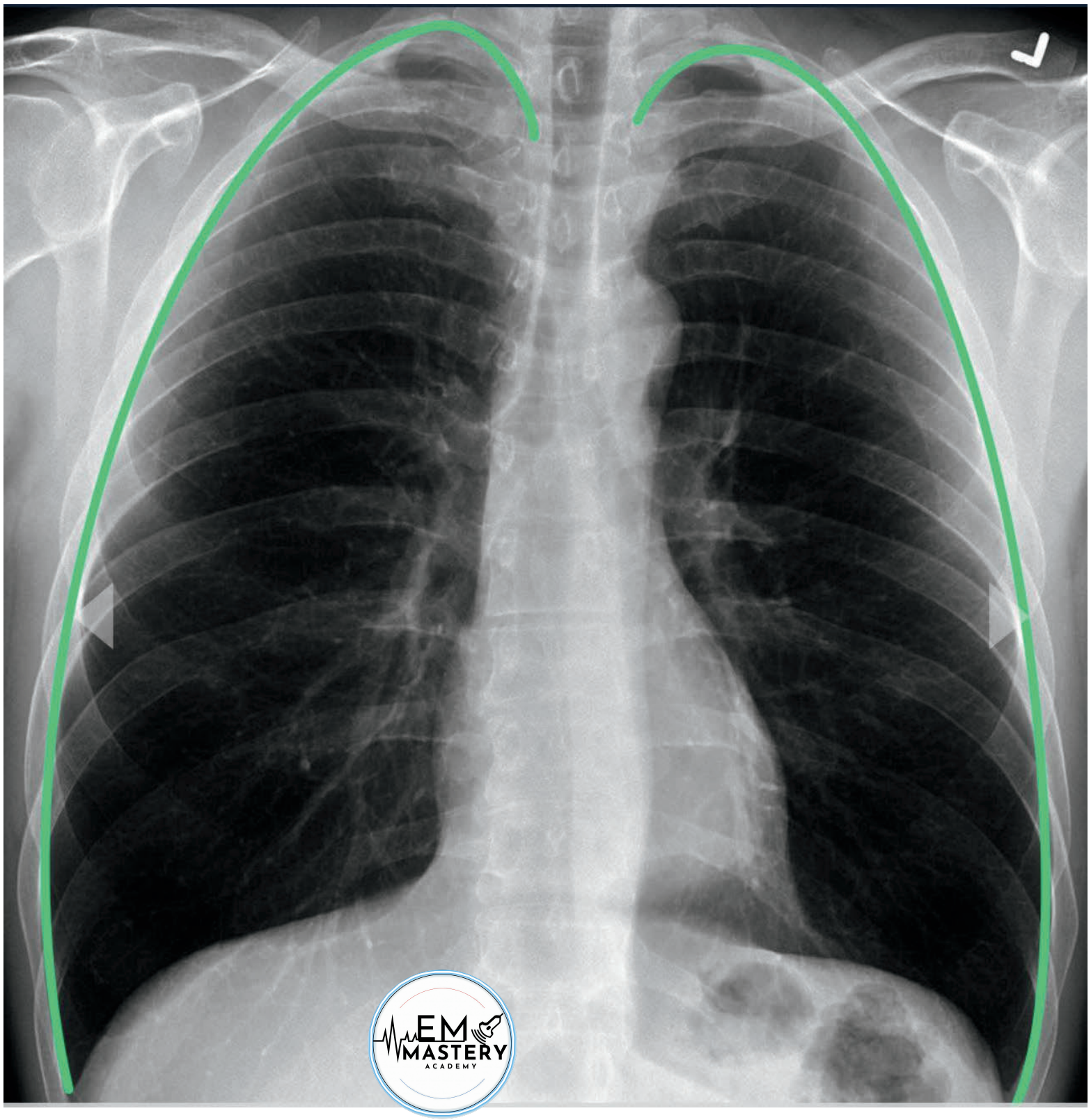
Make sure there is no free air directly under the diaphragm. A gastric bubble and colonic air is normal.



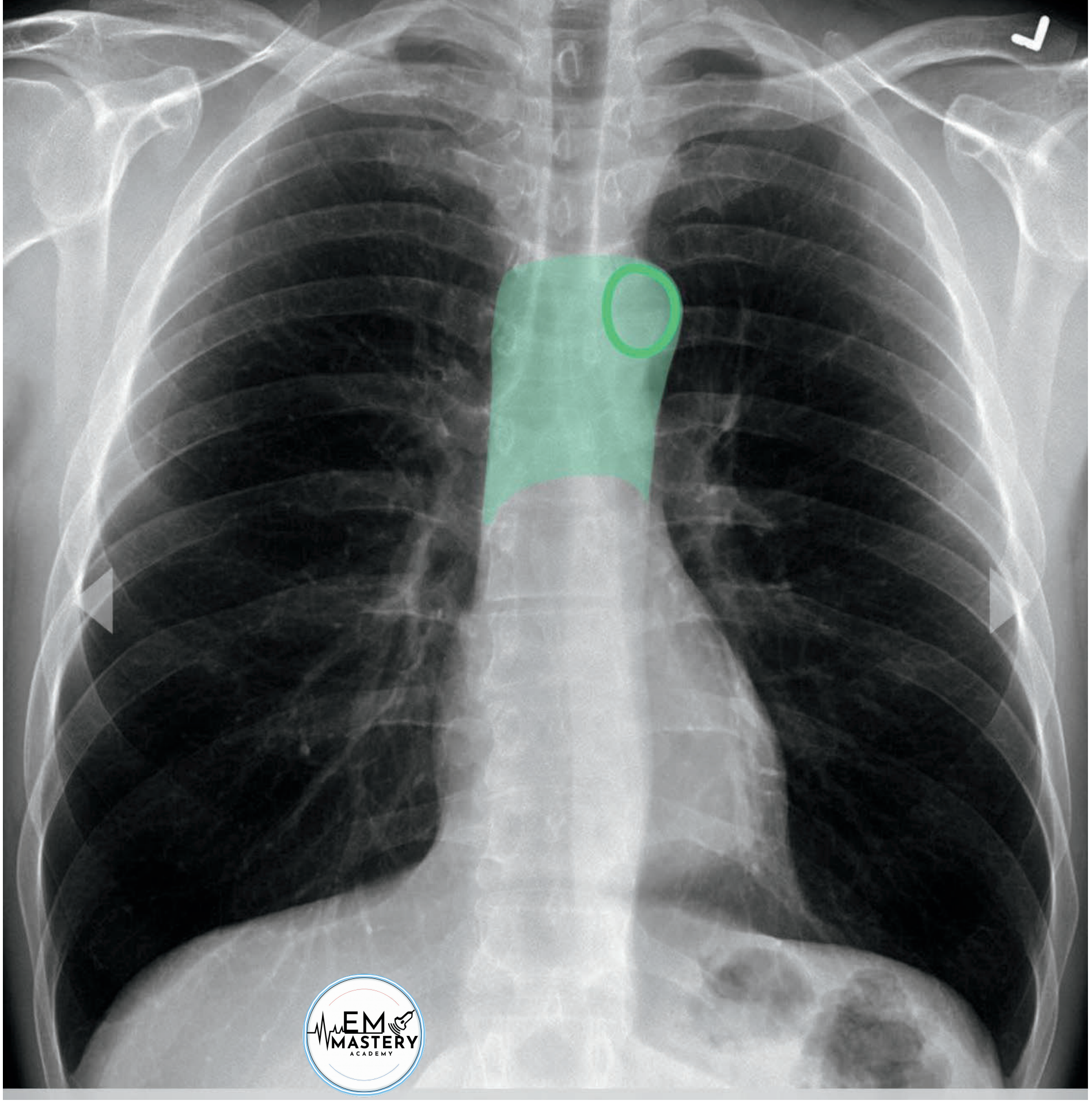
Examine both costophrenic angles. They should be sharp.



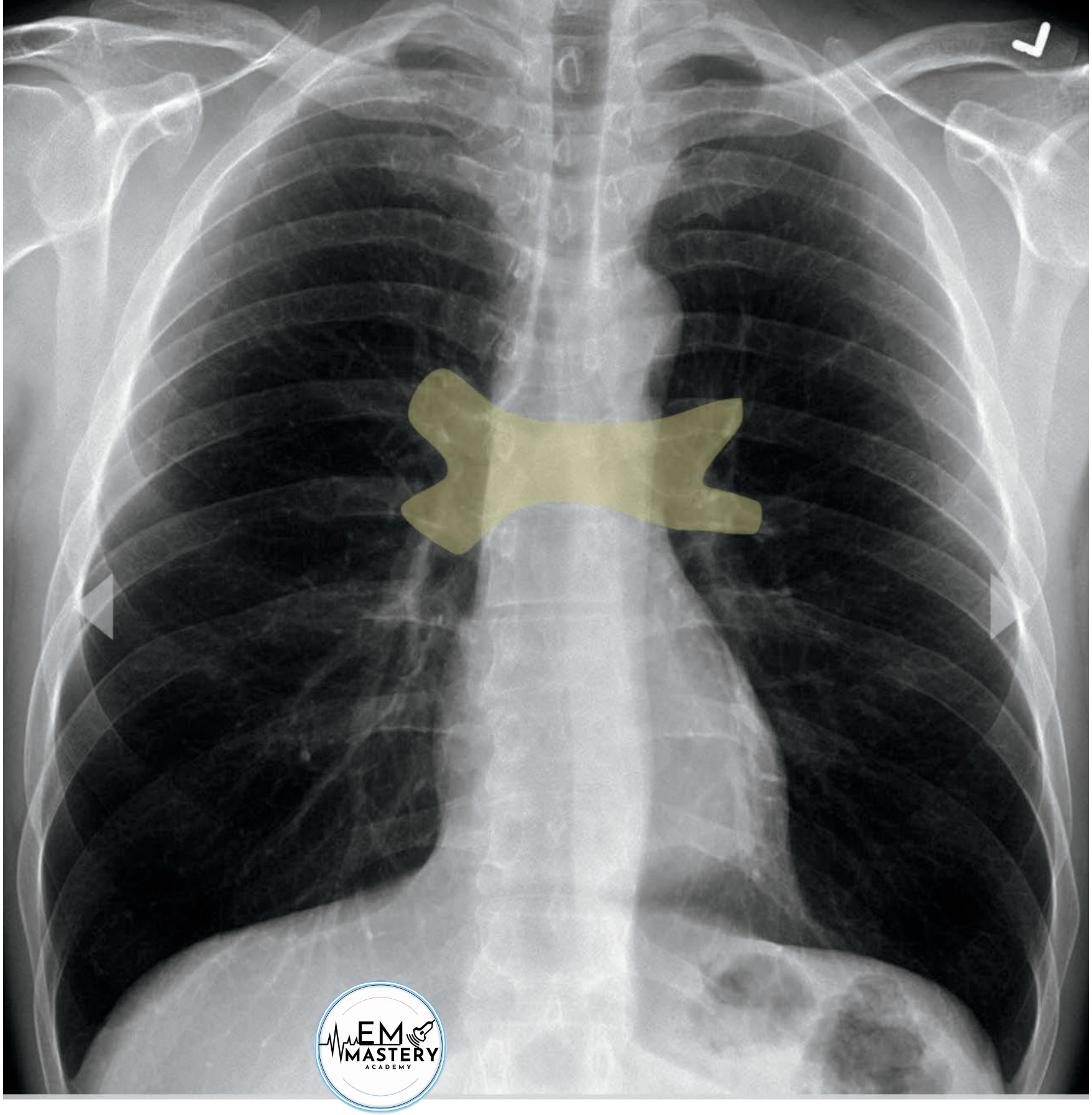
Examine the lungs for interstitial (linear/nodular) or alveolar (fluffy) opacities, masses, or consolidation



Examine the lungs for a gap between the chest wall and lung parenchyma indicating a pneumothorax

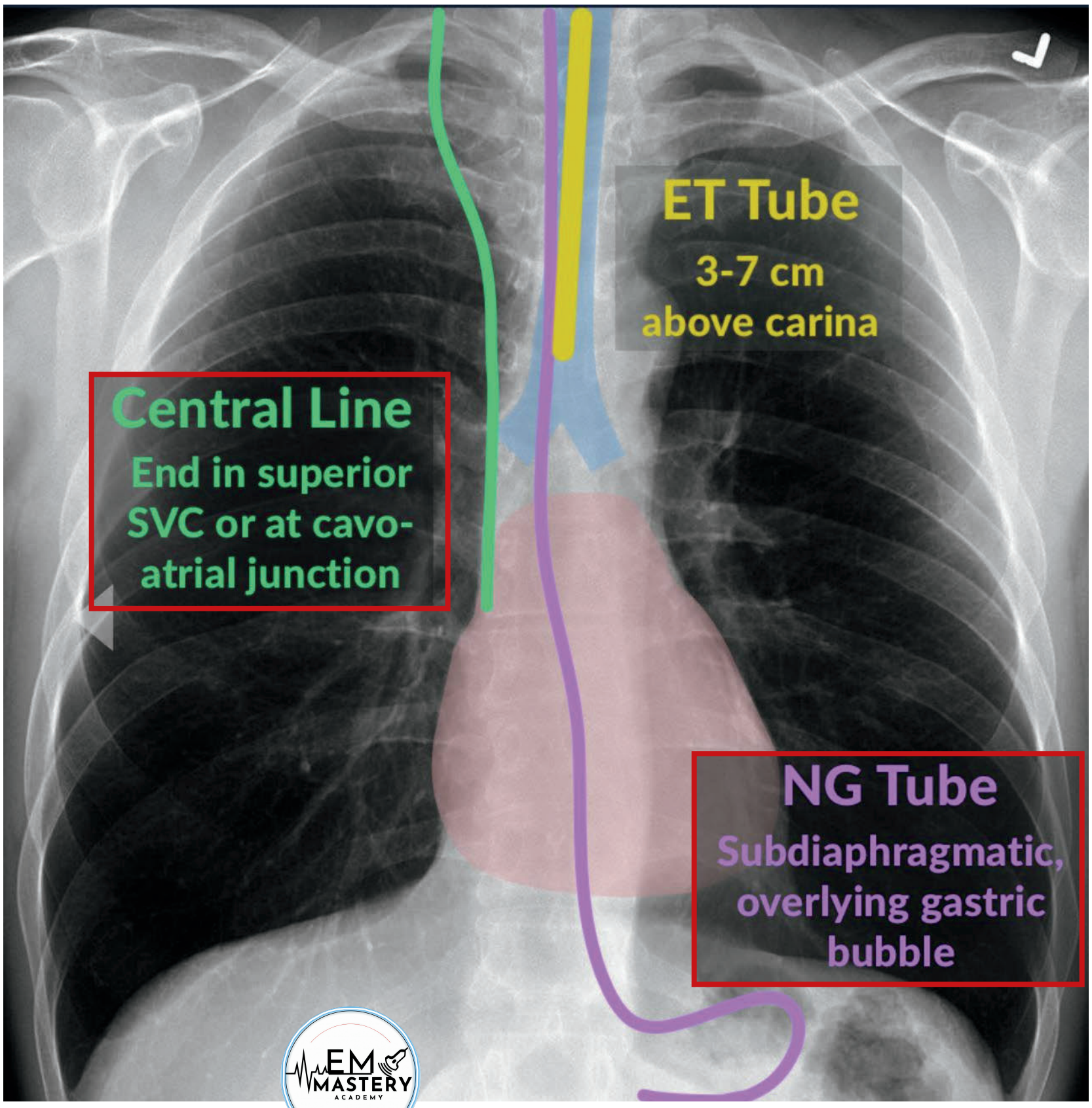


Check for normal aortic knob contour and widened mediastinum



Assess the hila for enlargement, masses and calcification.
The childhood thymus lies in the anterior mediastinum, not in the hila.

National Cancer Institute, SEER: Thymus



CENTRAL-LINE AND NG LABELS ABOVE ARE SUPERSEDED
Use the corrected guidance below.
The original image is retained for context.

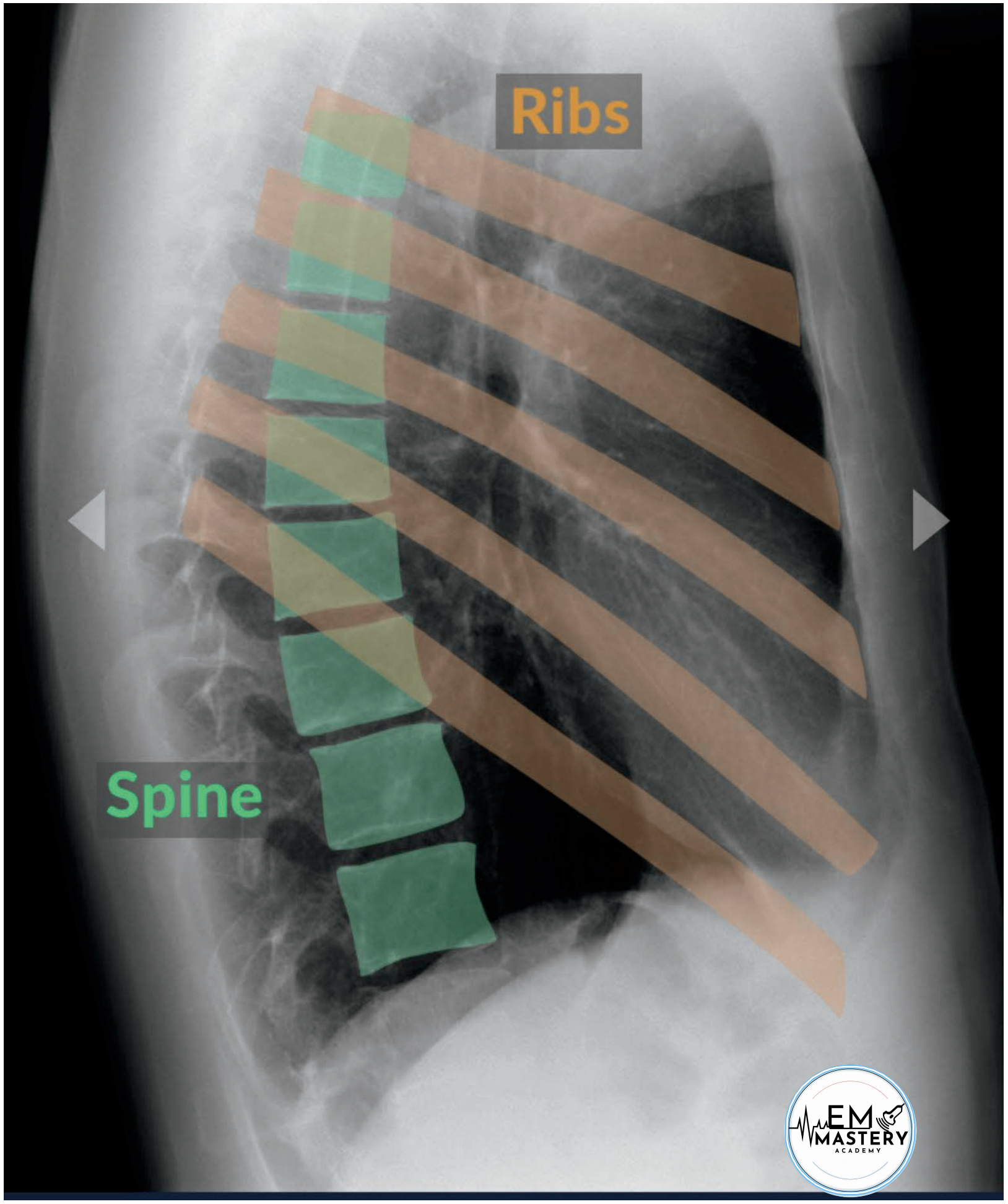
CORRECTED DEVICE CHECKS | 9 OCTOBER 2026

Central venous access
For standard upper-body access, assess the tip in the lower SVC / cavoatrial region. Appropriate position depends on catheter type, insertion site and local protocol; this is not a universal rule for femoral or dialysis catheters.

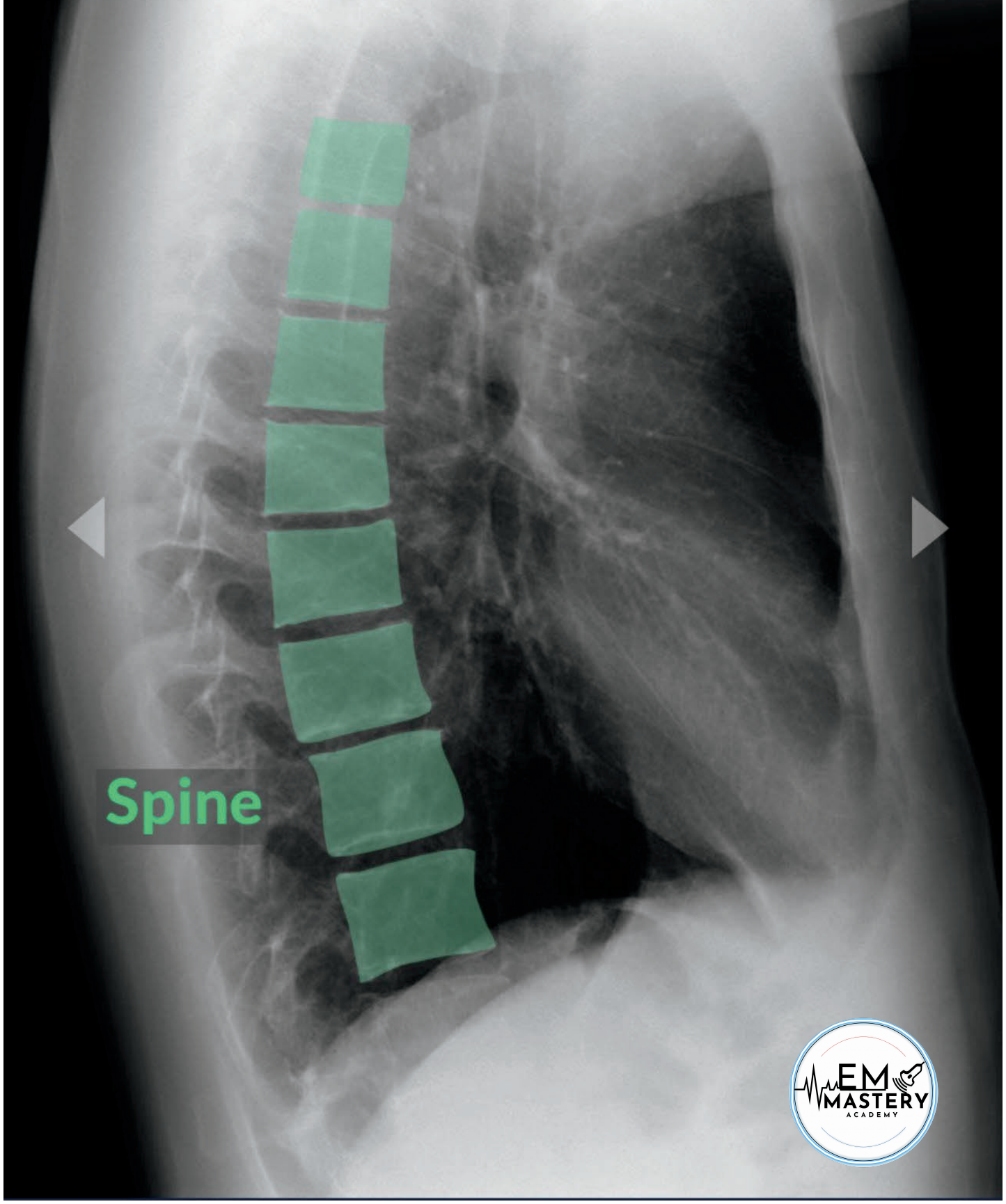
Nasogastric tube: assess the full course
Trace the oesophageal path, avoiding the bronchi; confirm that it bisects the carina/bronchi, crosses the diaphragm centrally, and has a clearly visible tip below the left hemidiaphragm. Check adequate intragastric depth for the device. A tip over the gastric bubble alone is insufficient. Do not feed, flush or give medicines until competent confirmation is documented under local protocol.

Cancer Institute NSW, eviQ: Central venous access devices
HSSIB: Placement of nasogastric tubes, endnote 1
NHS England: Initial placement checks for NG tubes (2016)
Radiology Masterclass: NG tubes - Position (2019)

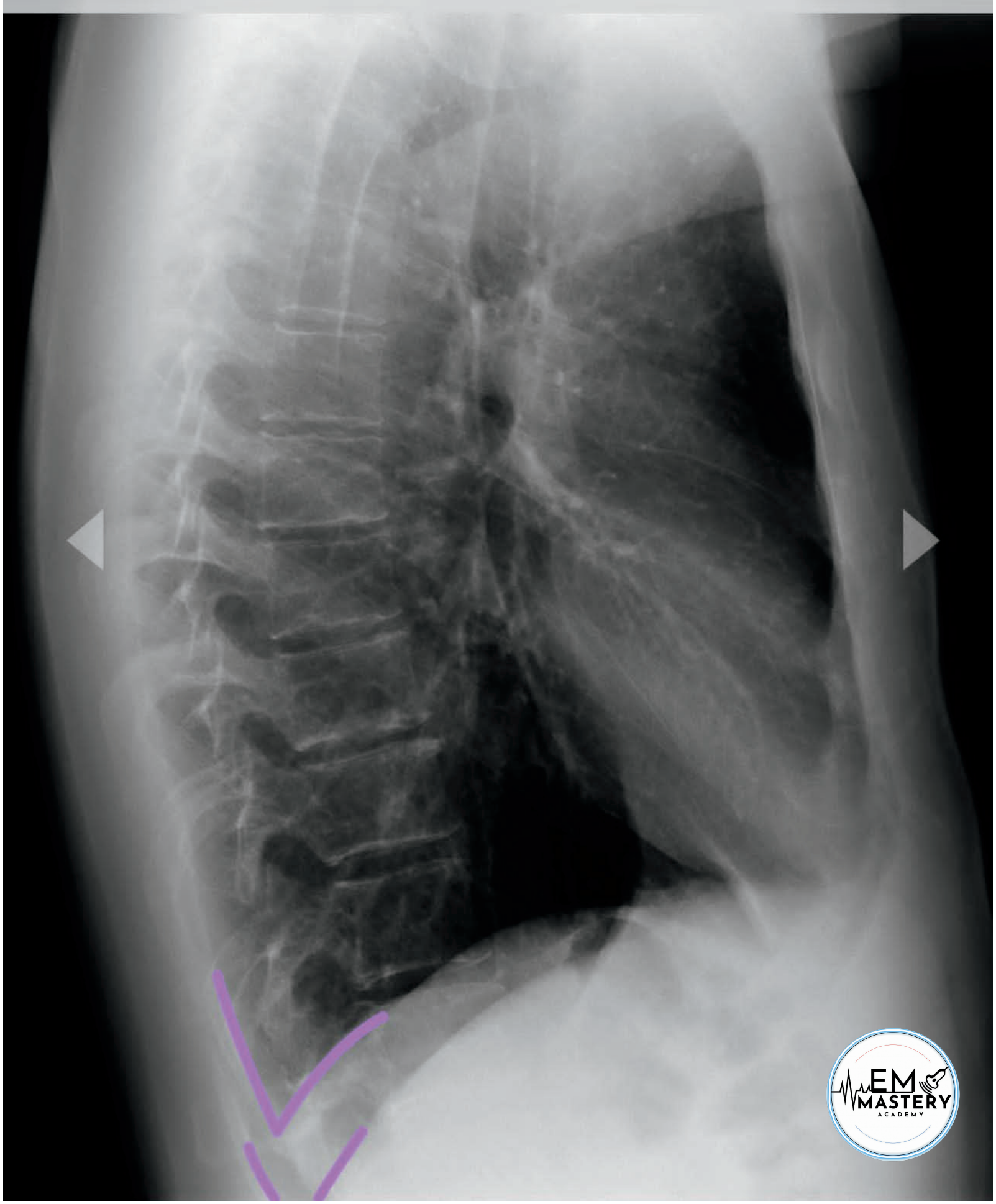
Annotated teaching edition. Original images are retained without diagnostic alteration; the red frames identify superseded baked-in labels. Corrections are evidence-checked, but this is not certification of every radiographic finding. Apply local competency requirements and clinical context.



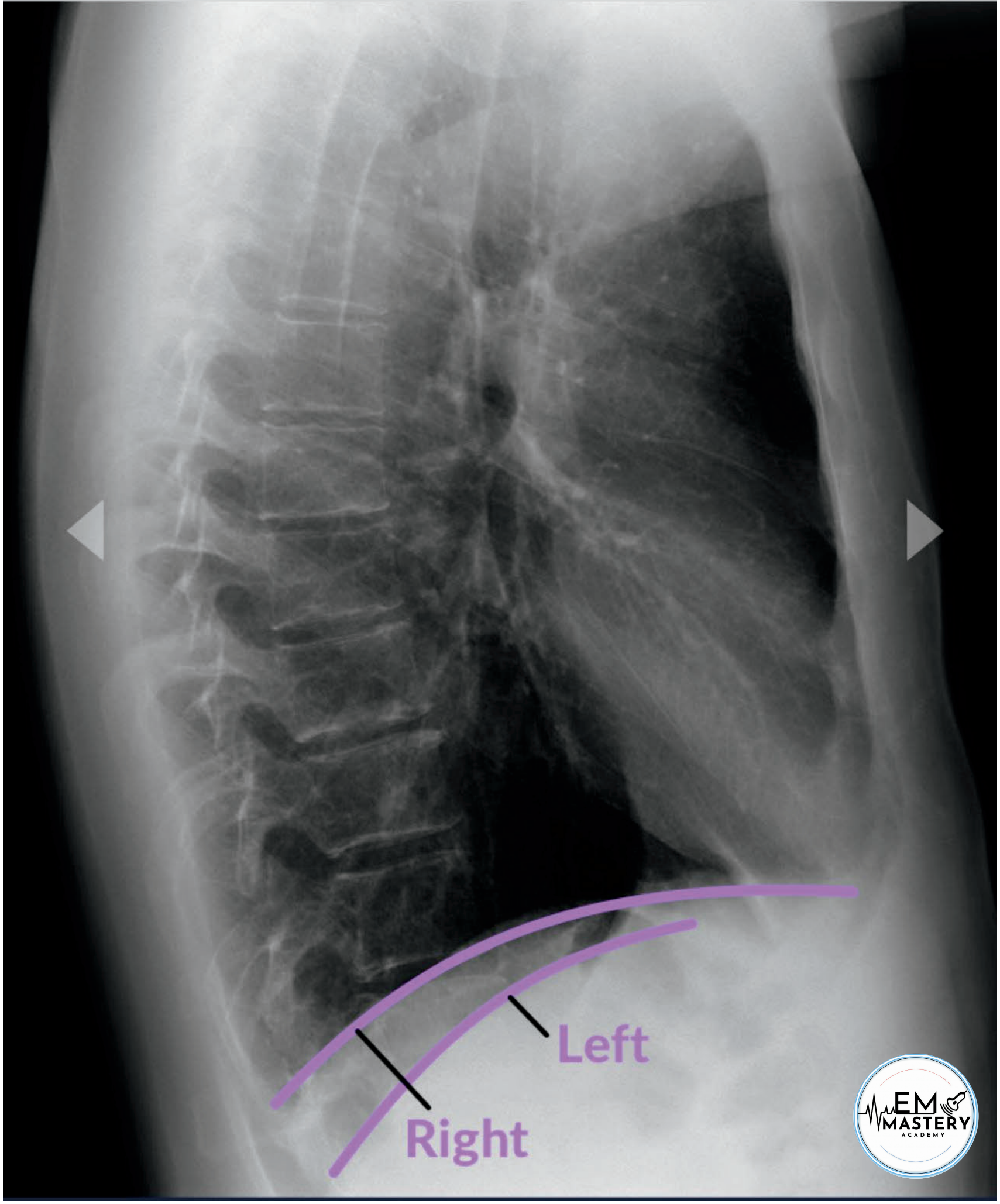
Check all bones for signs of fracture



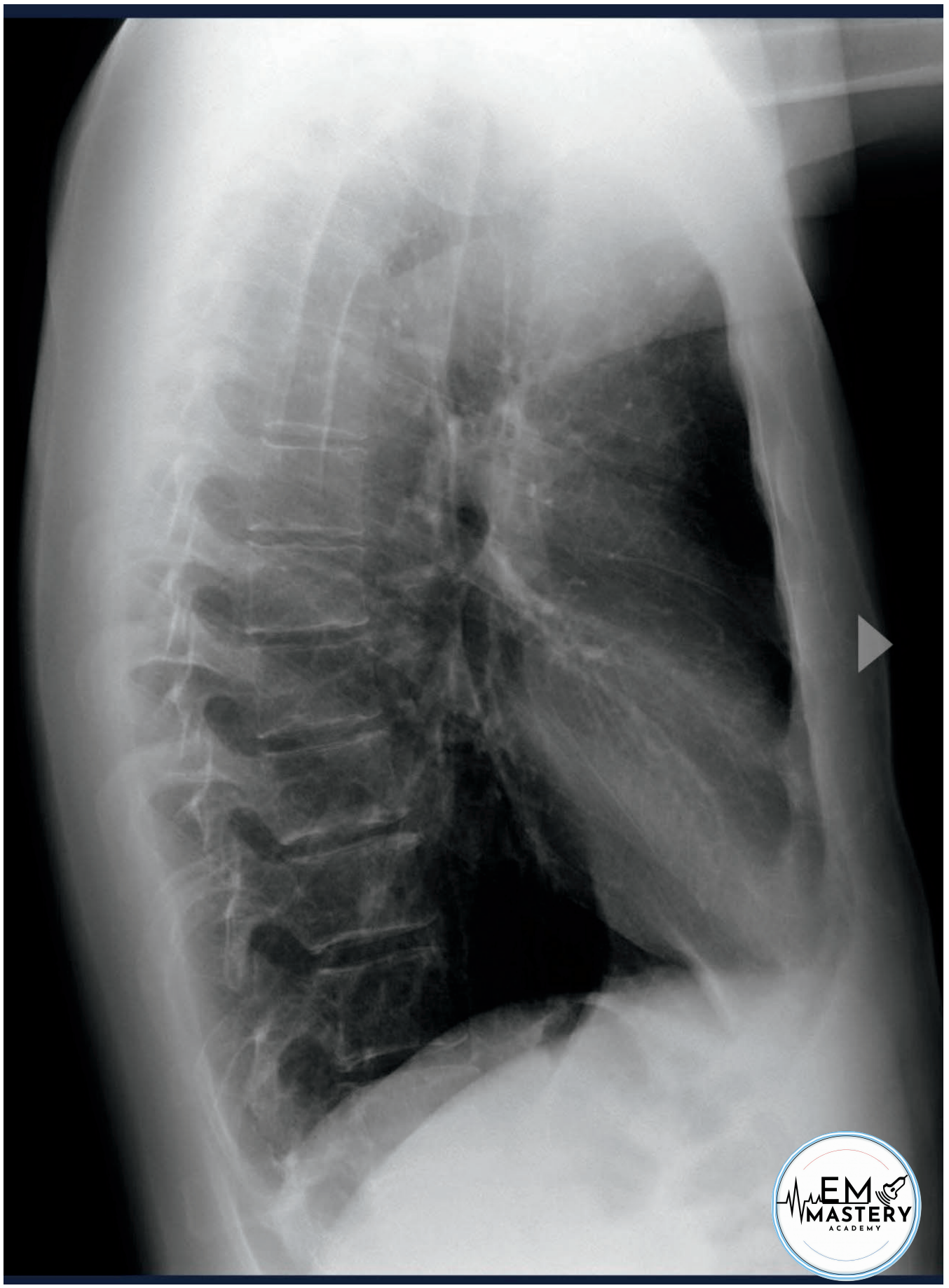
Ensure each vertebral body is darker than the one above it

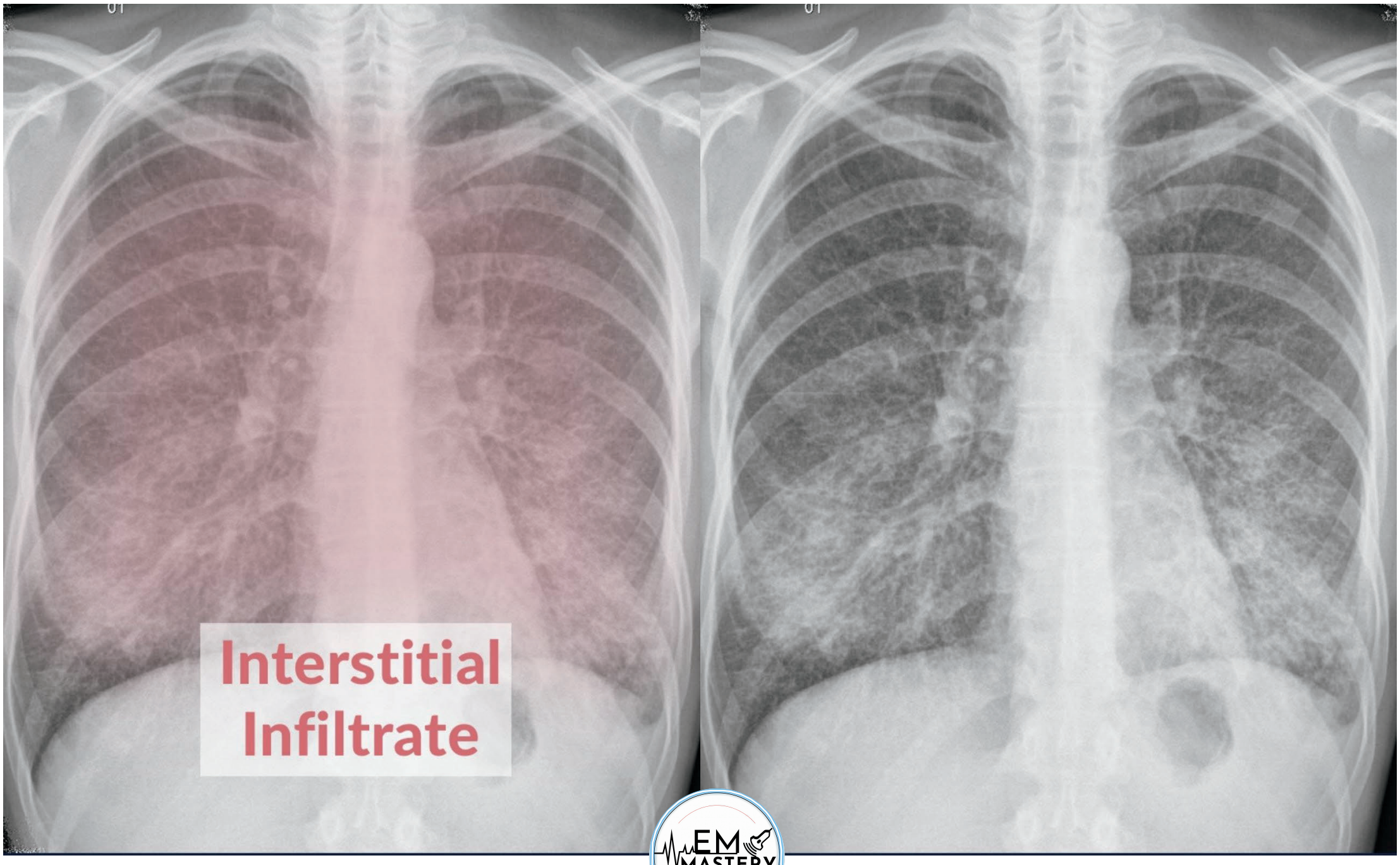


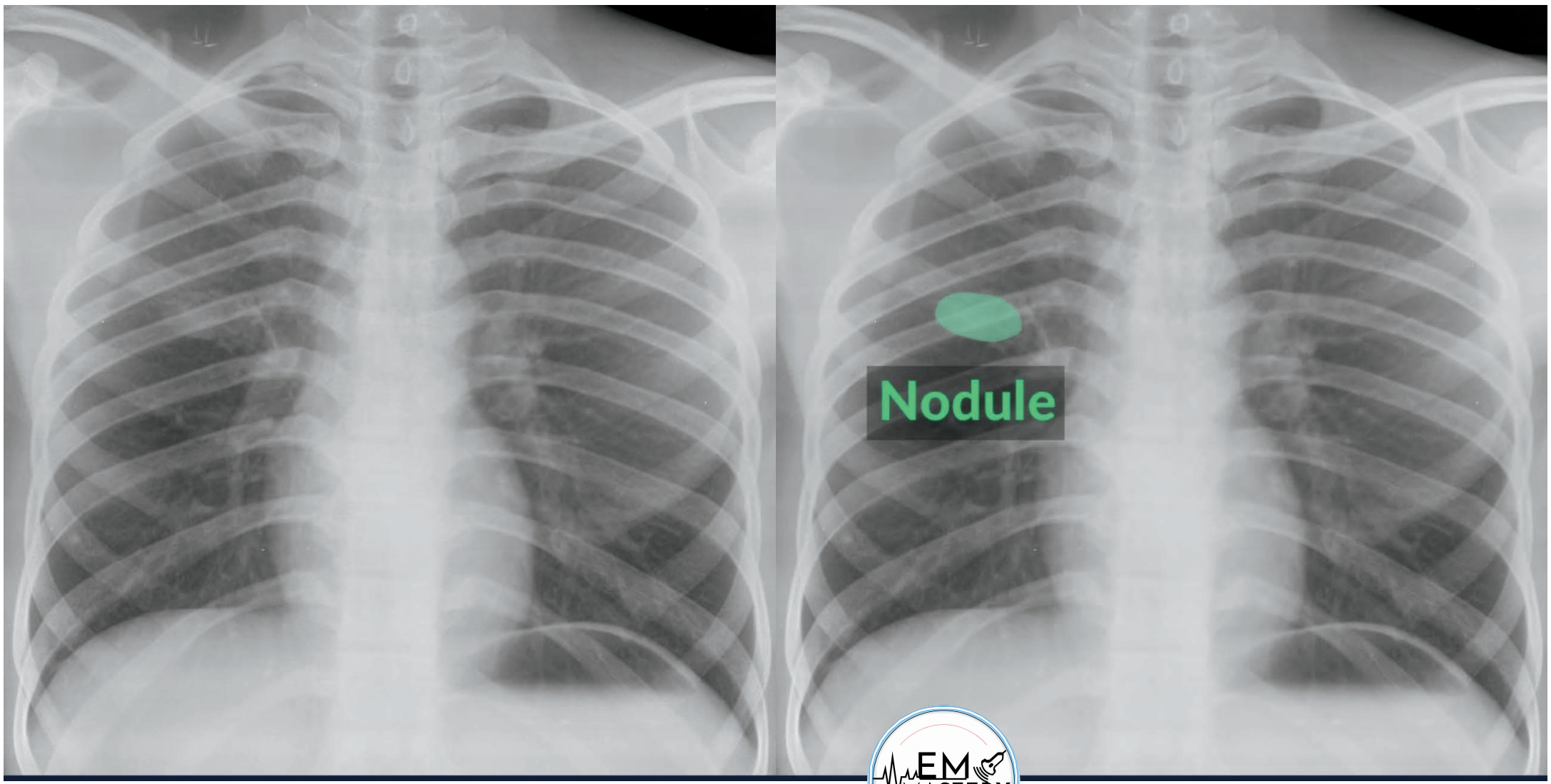
Check the costophrenic angles
to ensure they are sharp

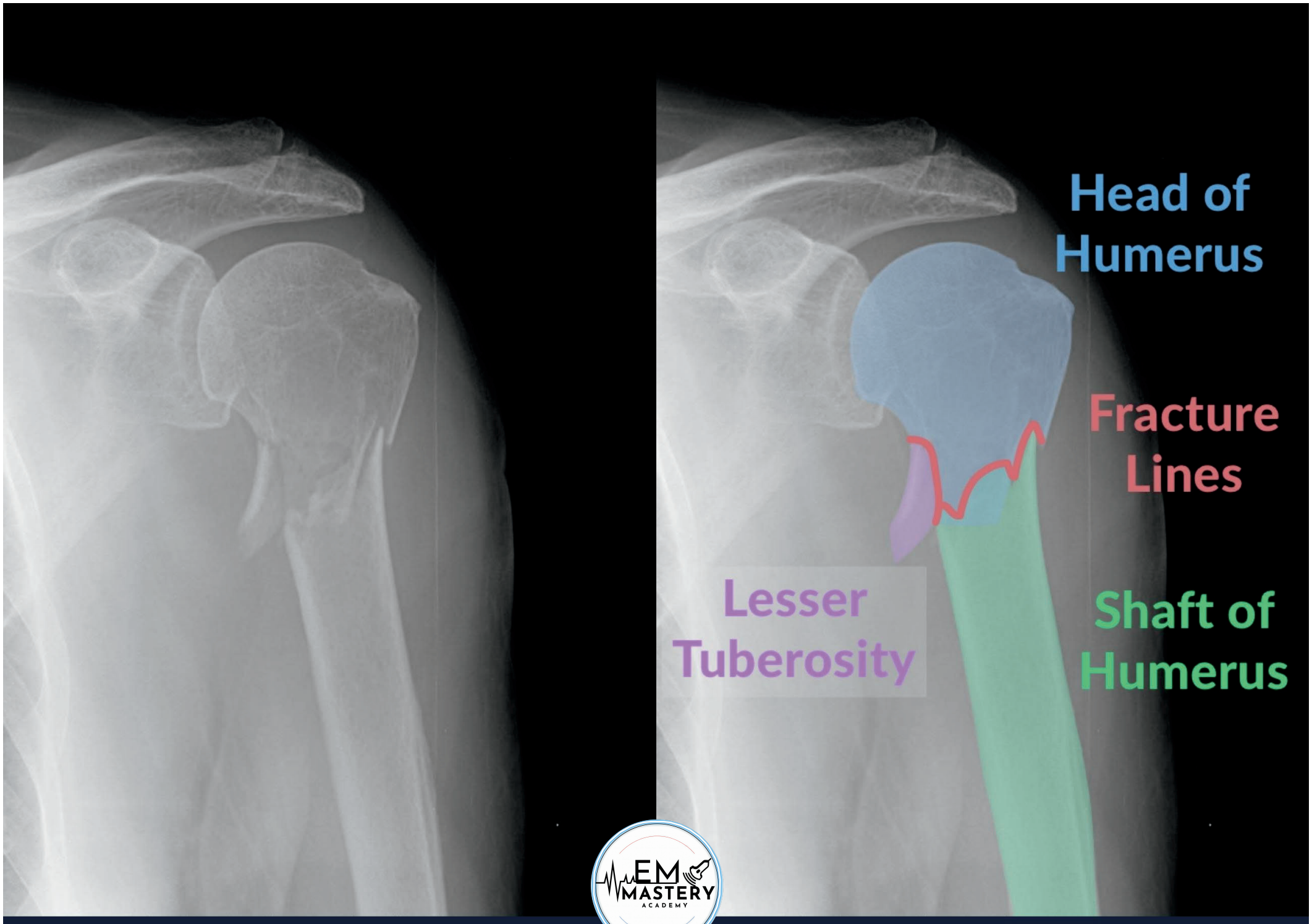


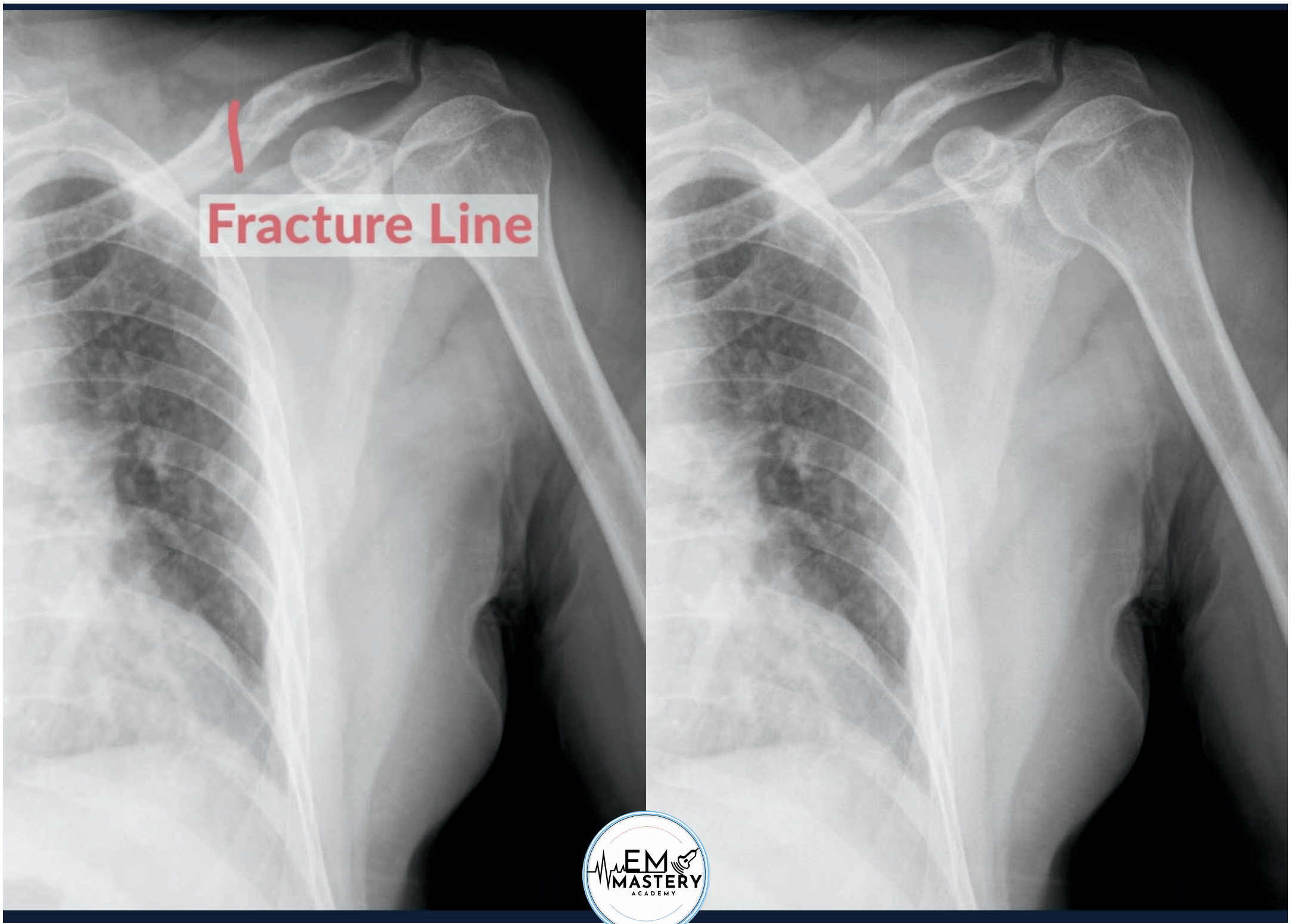
Check the costophrenic angles
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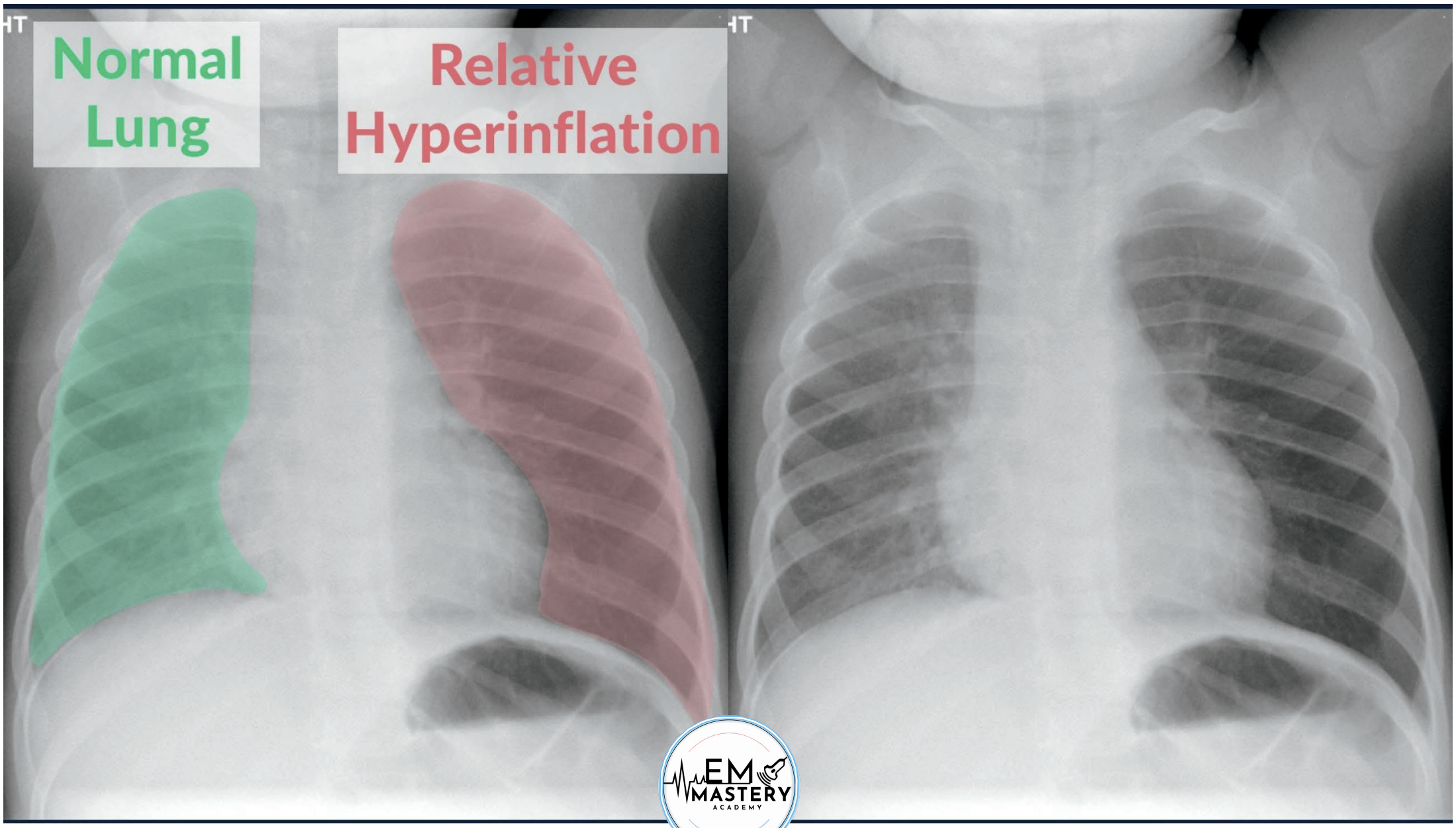


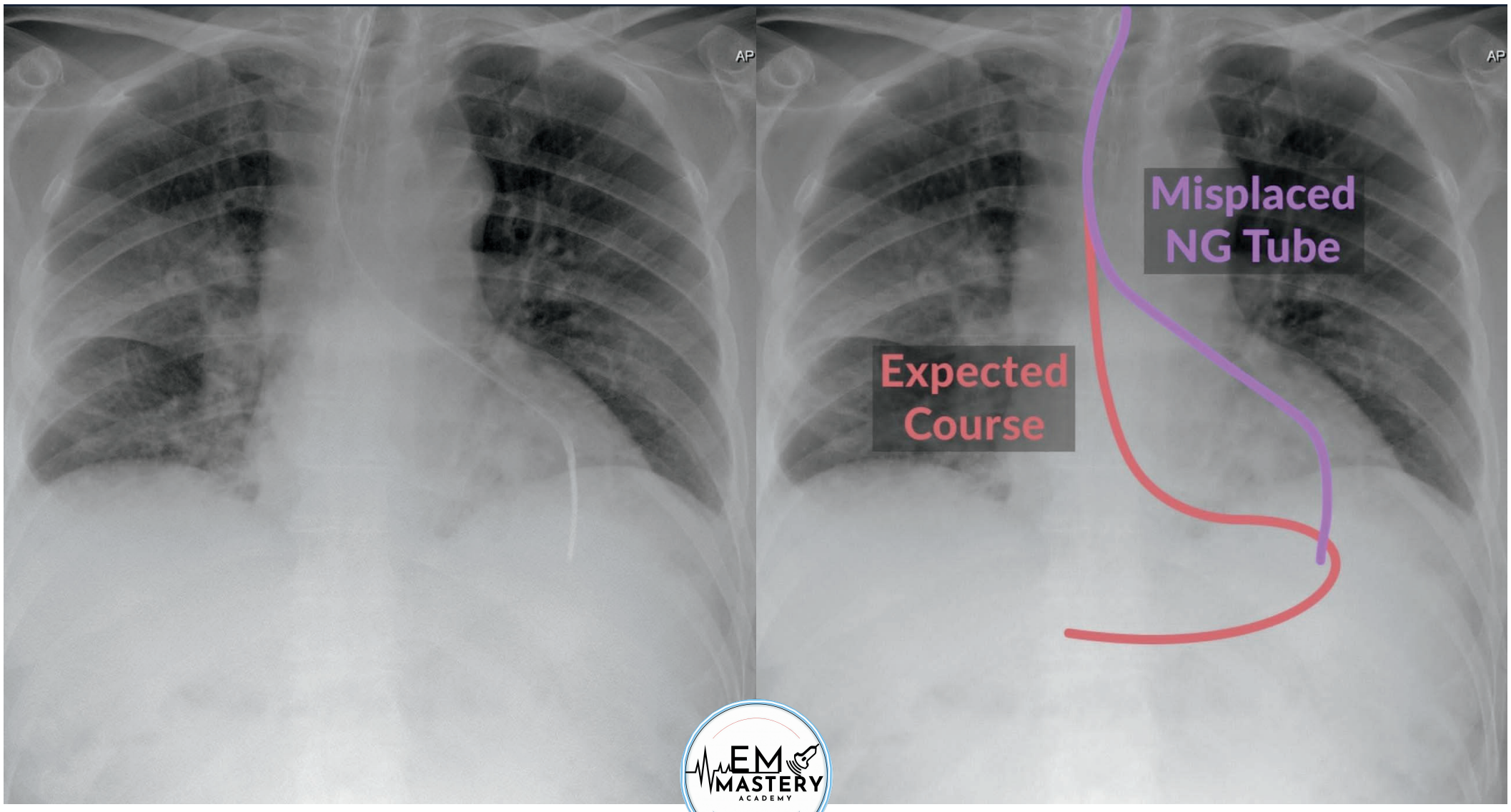

01
Interstitial
Infiltrate
01

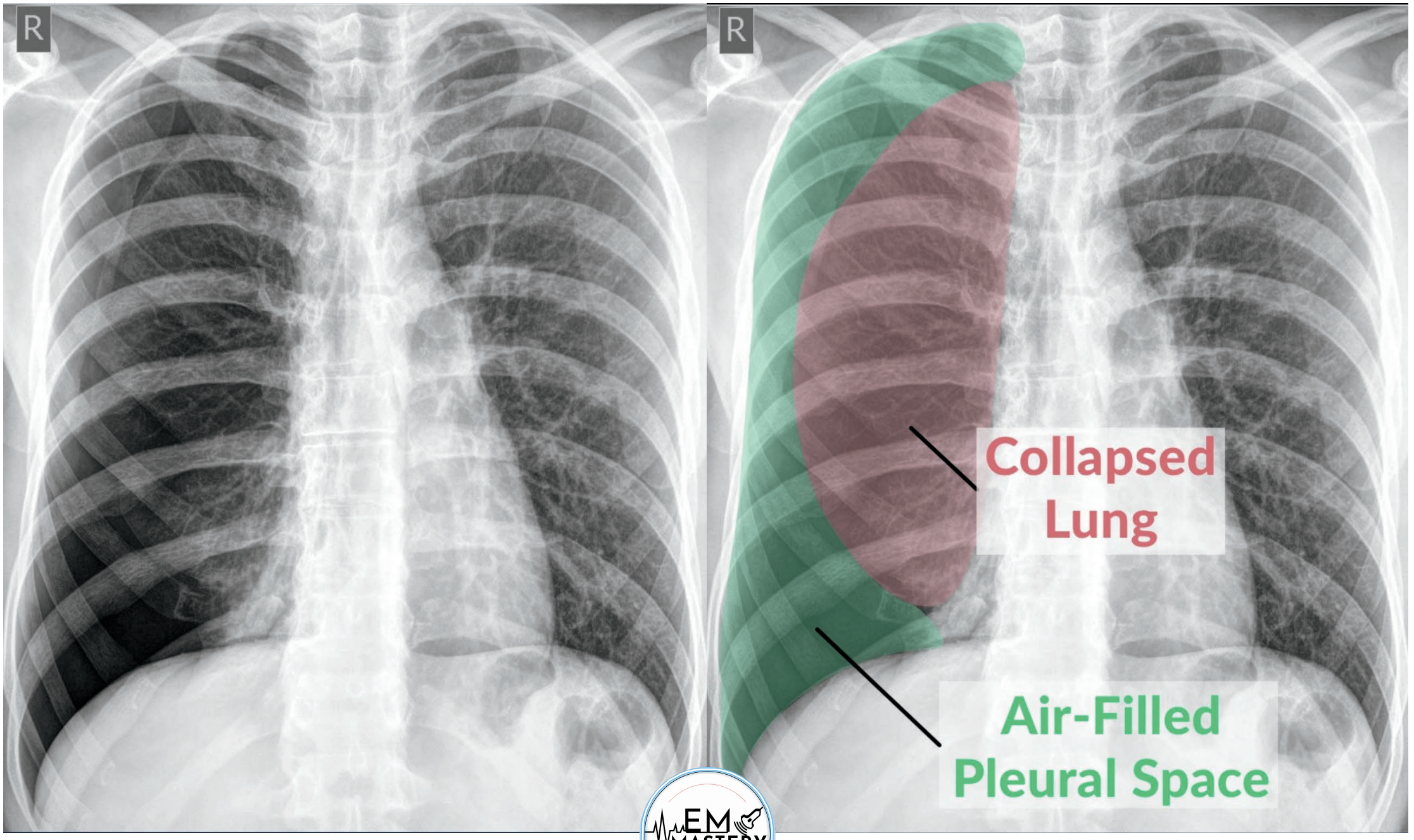

Nodule

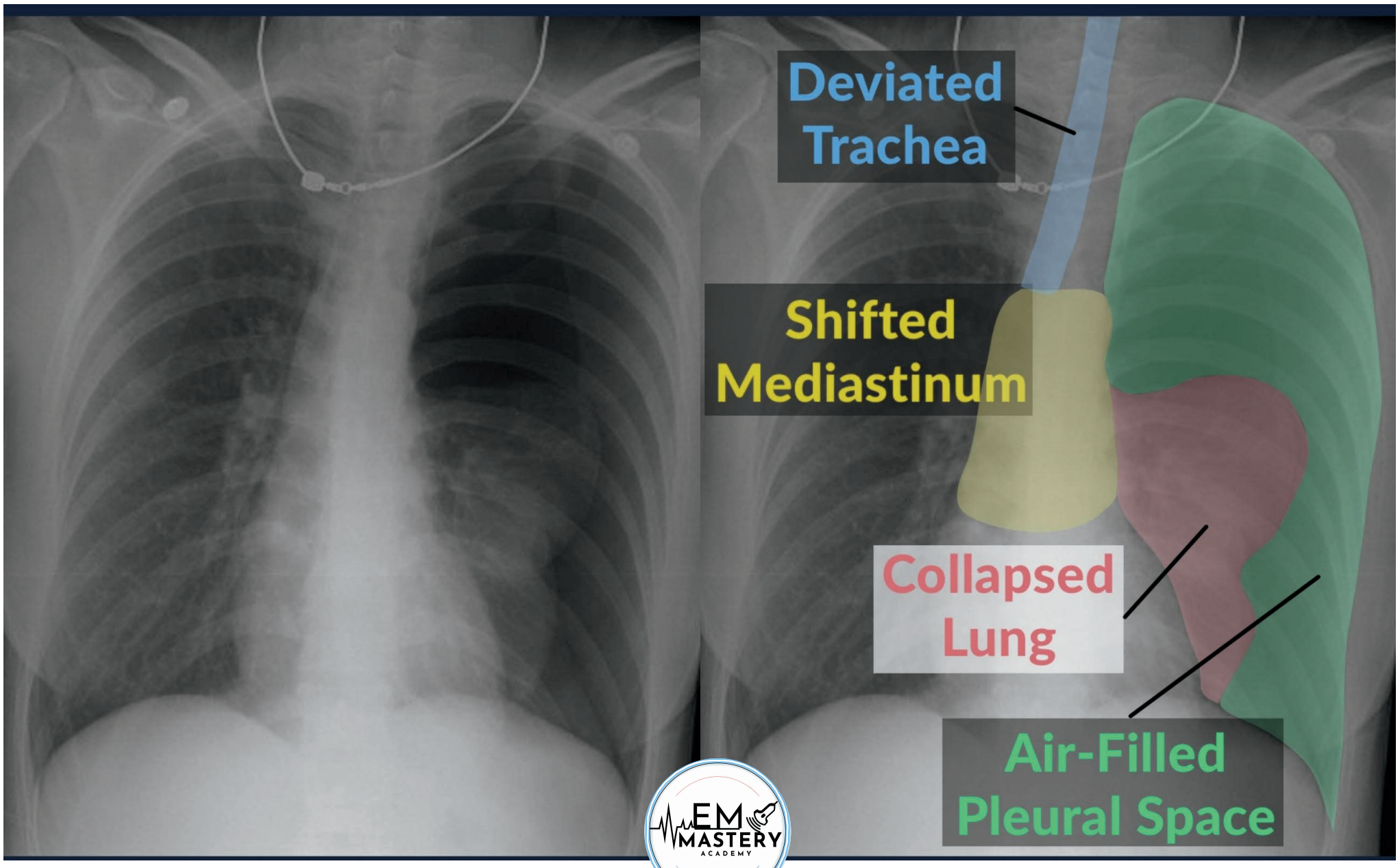

Head of Humerus
Fracture Lines
Lesser Tuberosity
Shaft of Humerus

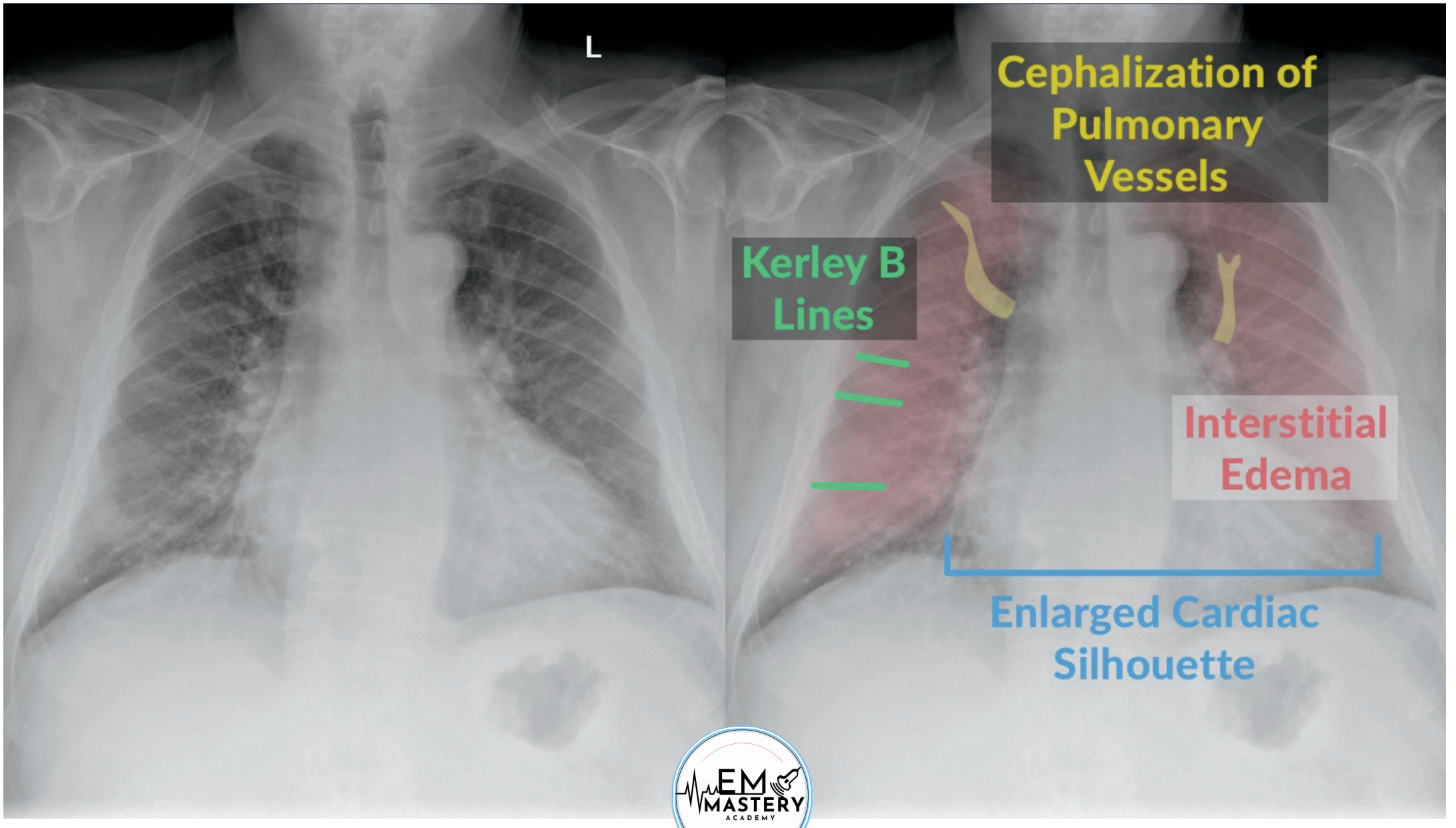

Fracture Line

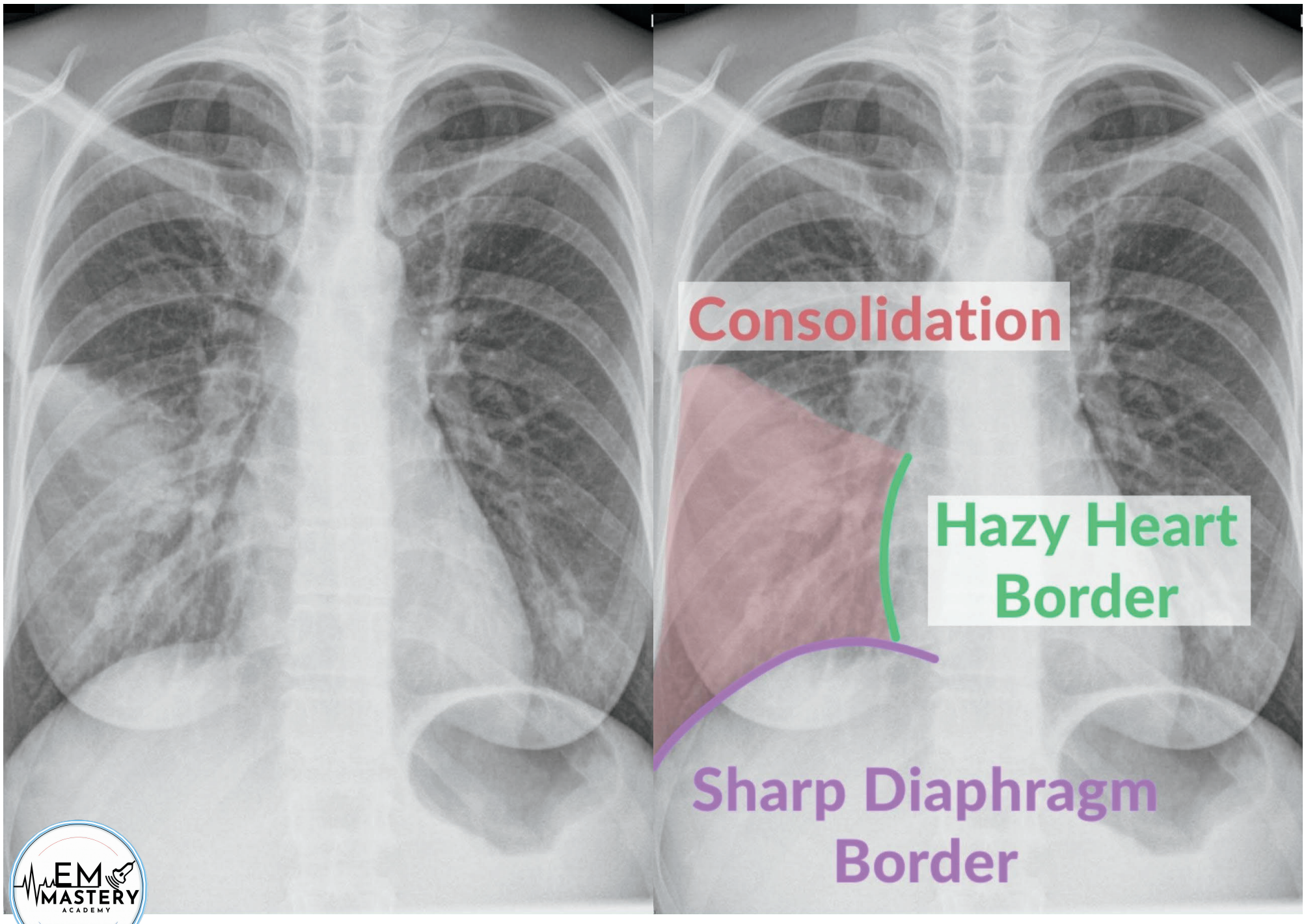

Normal Lung
Relative Hyperinflation

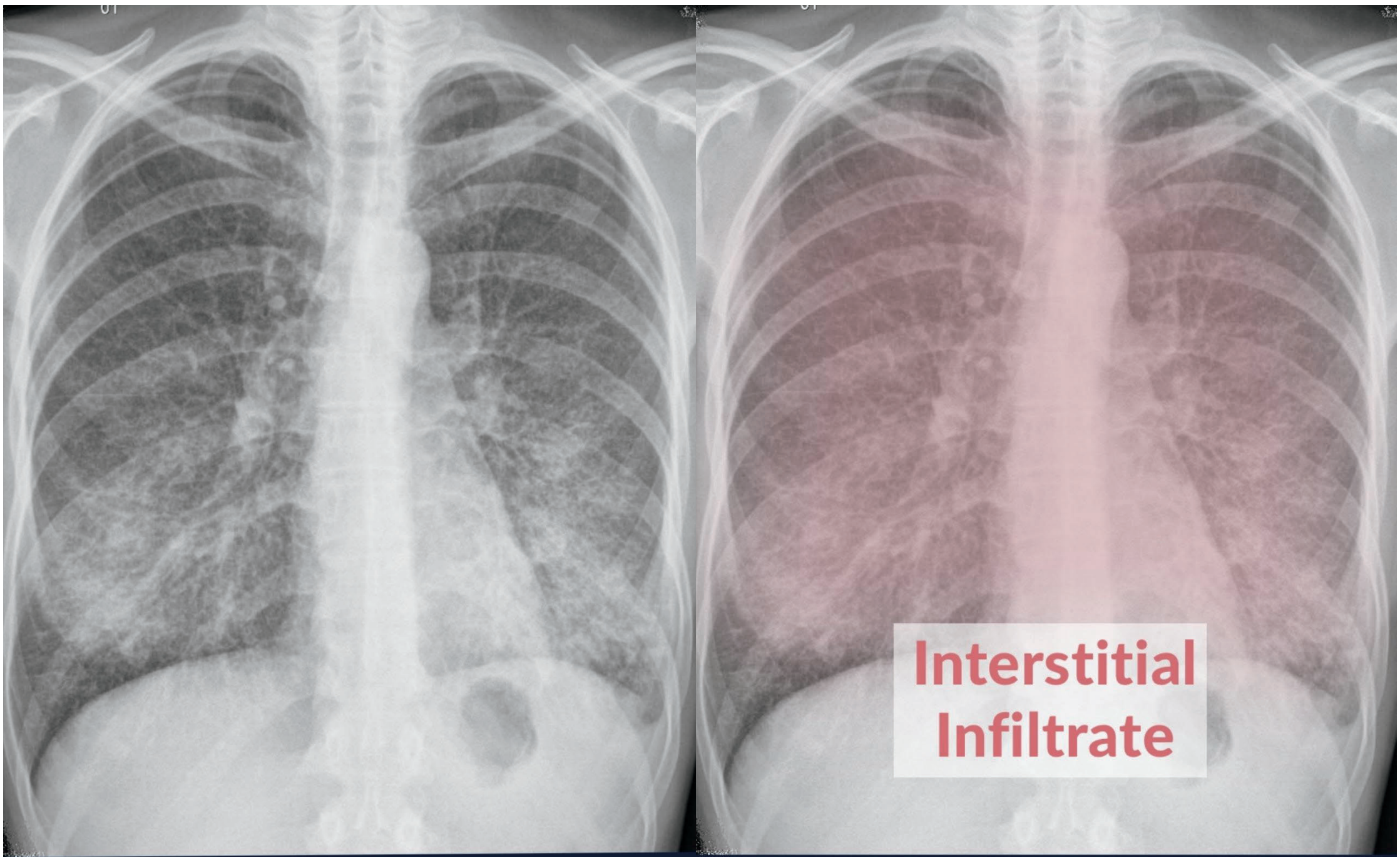

AP
AP
Misplaced
NG Tube
Expected
Course

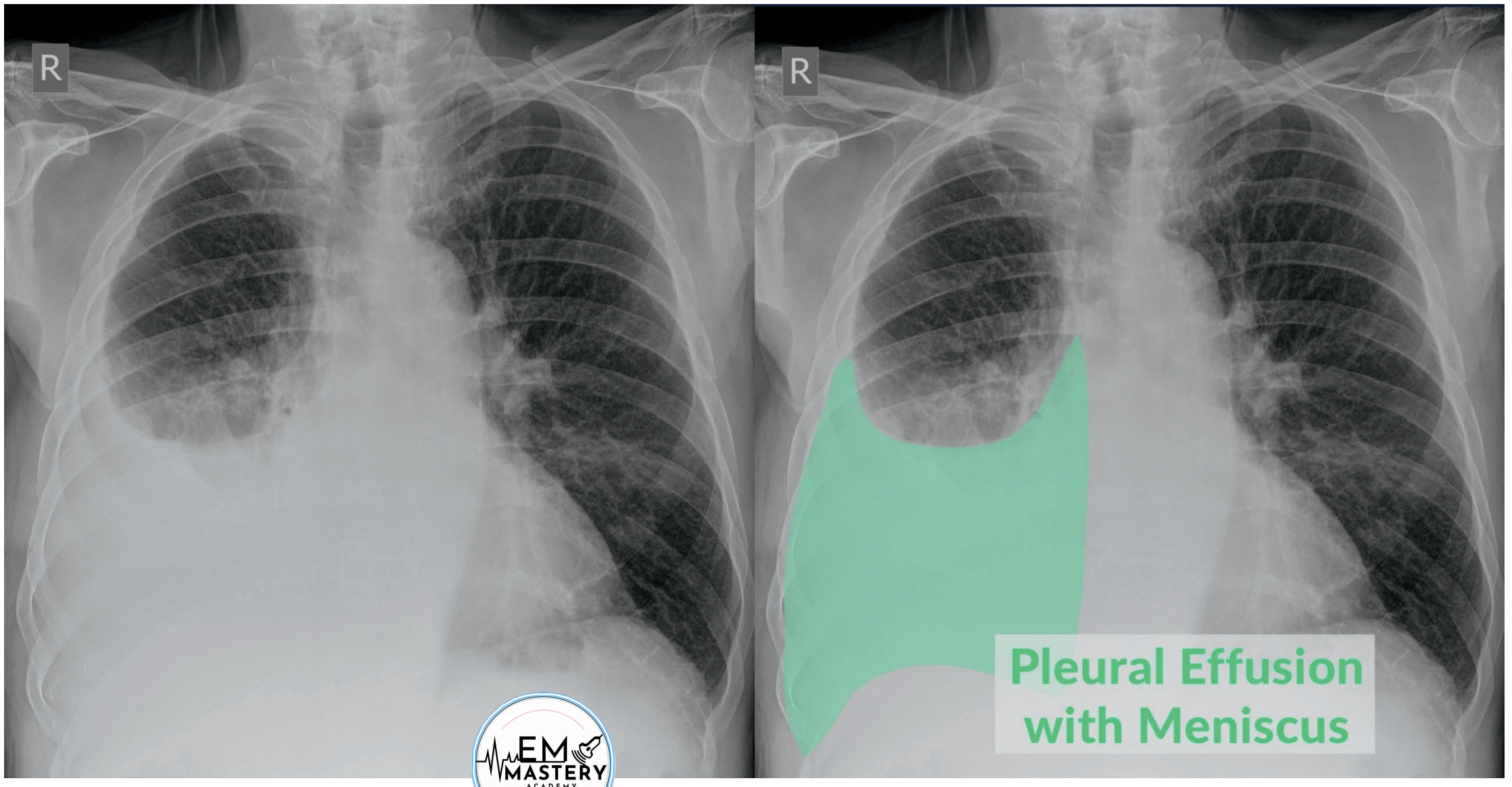

R
R
Collapsed Lung
Air-Filled Pleural Space

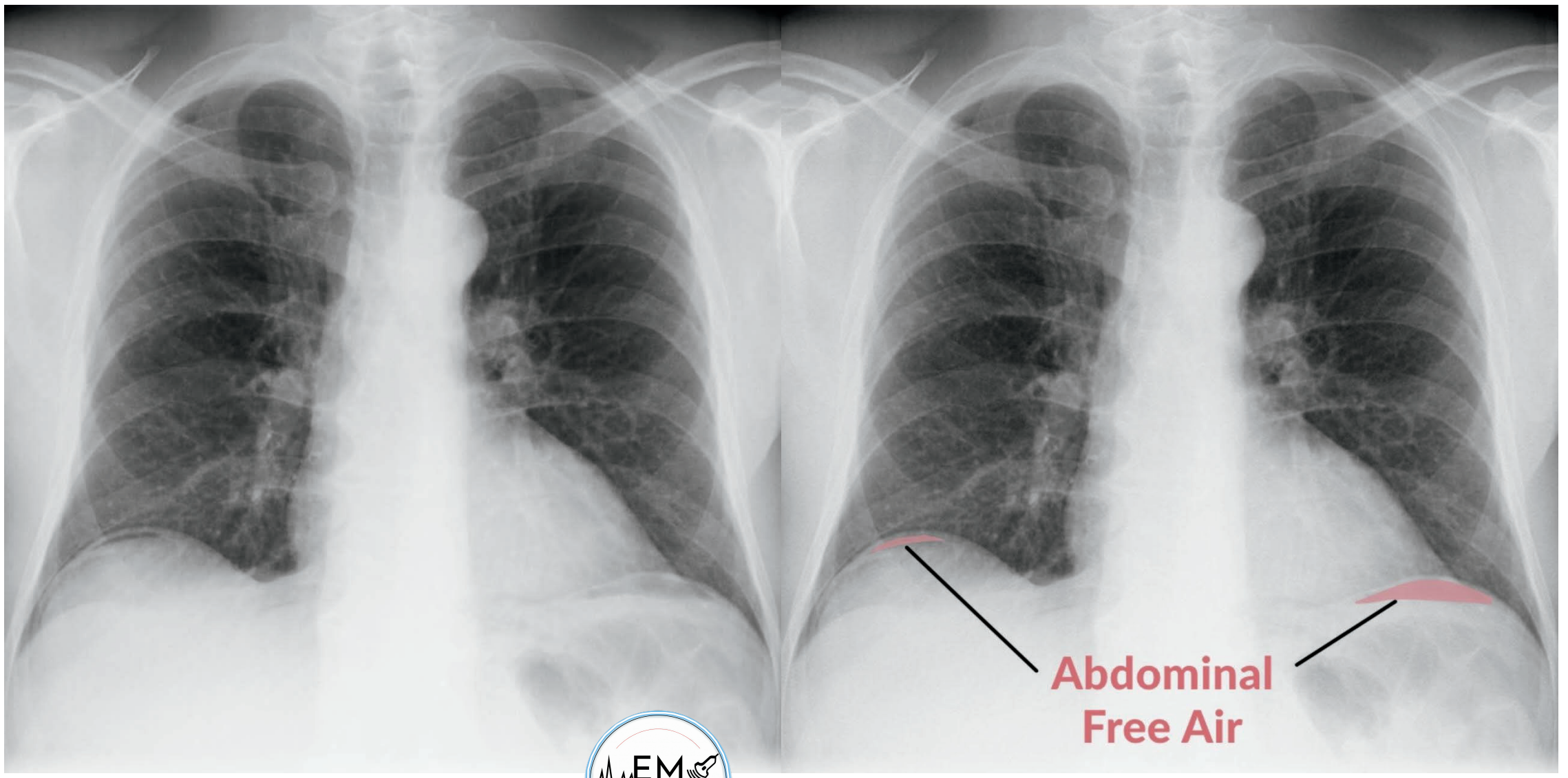

Deviated Trachea
Shifted Mediastinum
Collapsed Lung
Air-Filled Pleural Space

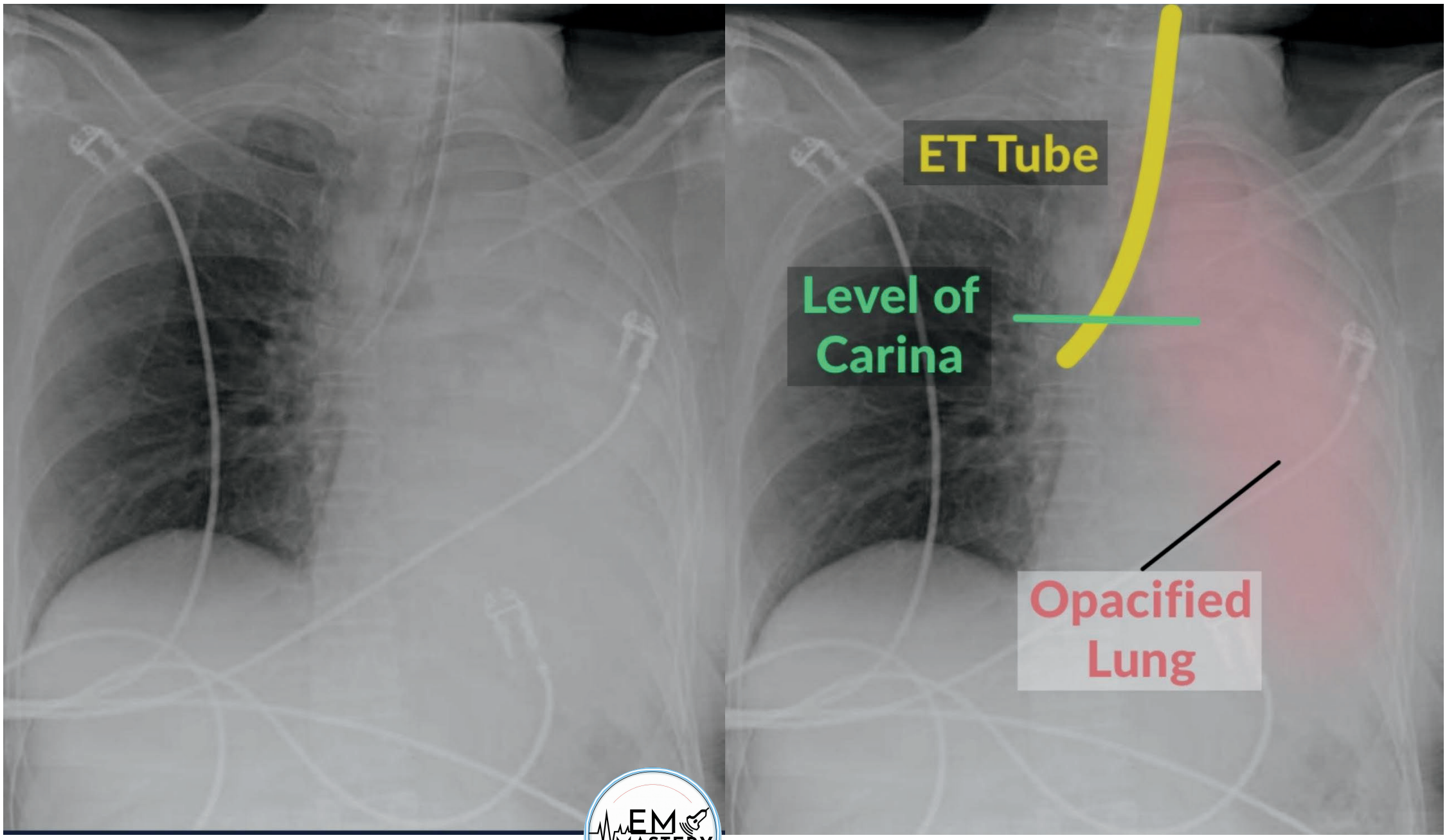

L
Cephalization of Pulmonary Vessels
Kerley B Lines
Interstitial Edema
Enlarged Cardiac Silhouette

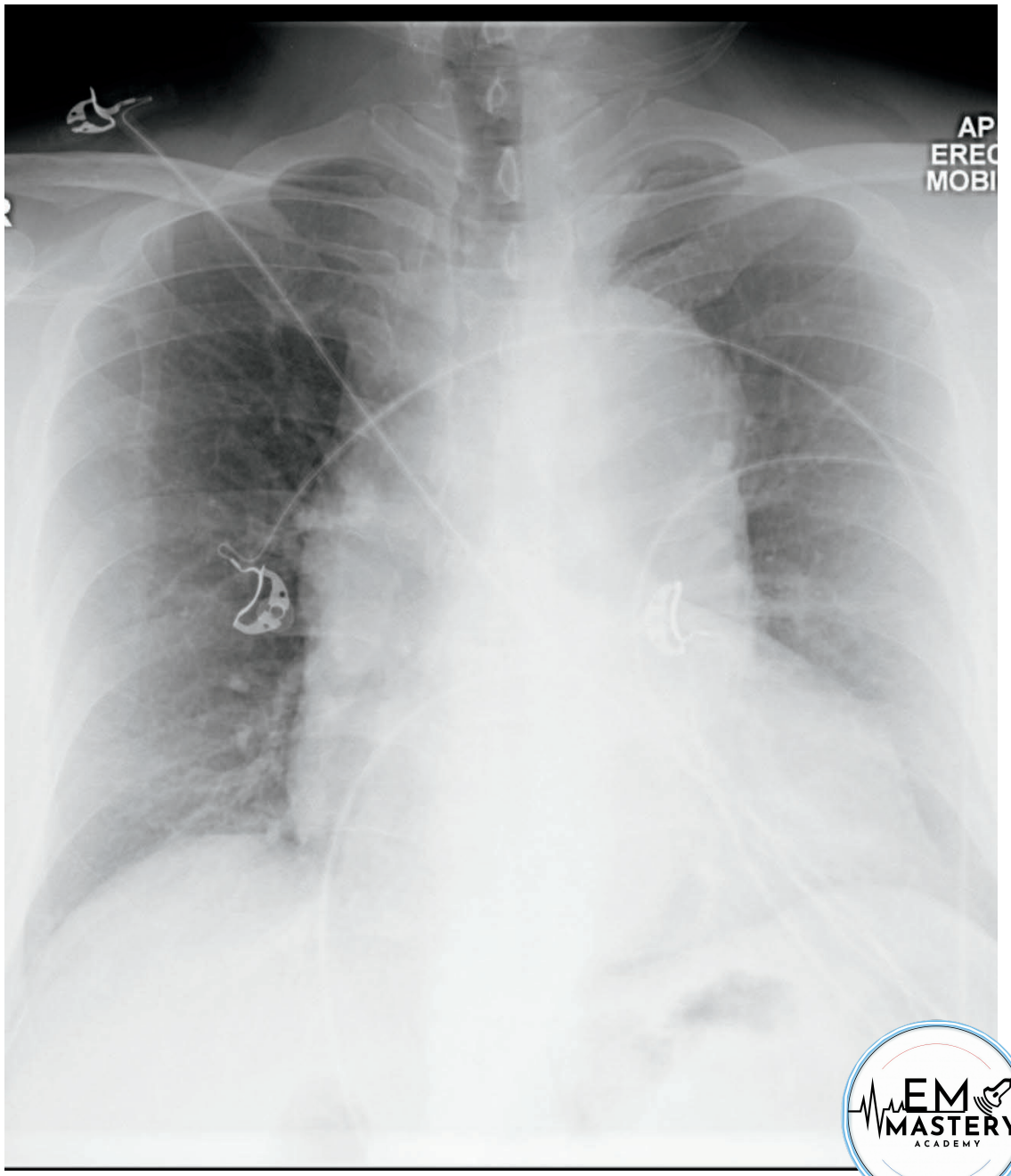

Consolidation
Hazy Heart Border
Sharp Diaphragm Border

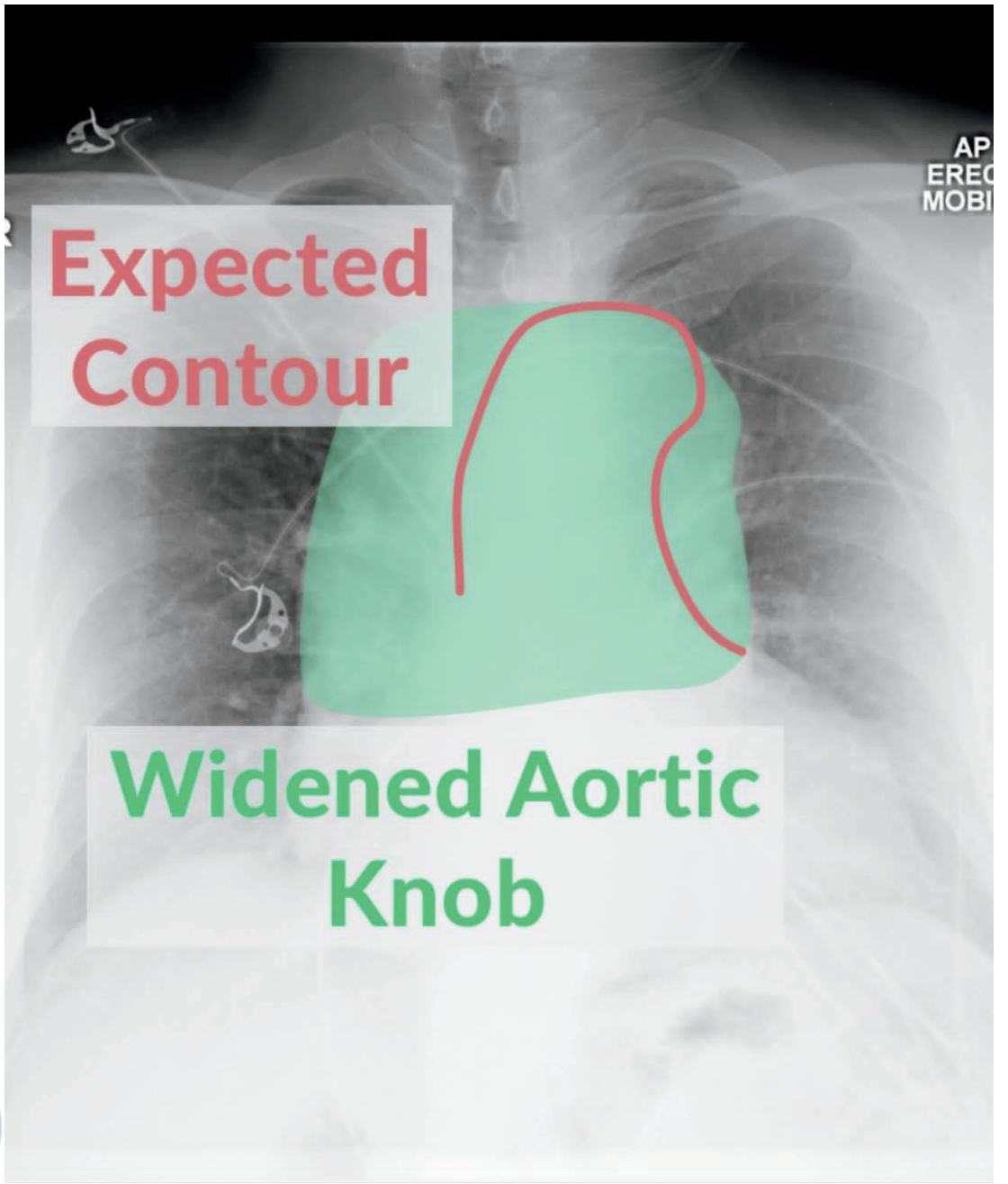

Interstitial
Infiltrate

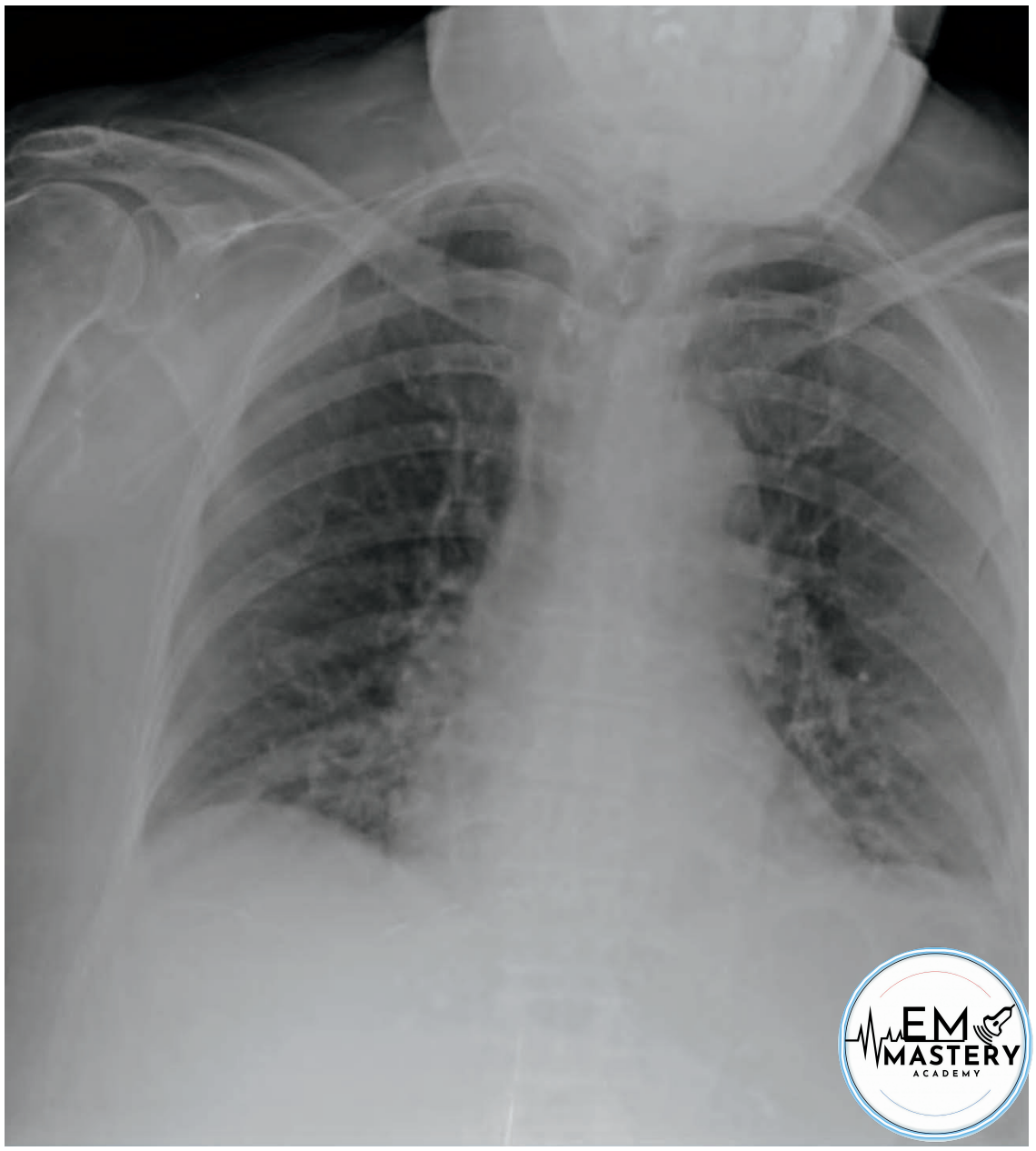

R
R
Pleural Effusion
with Meniscus

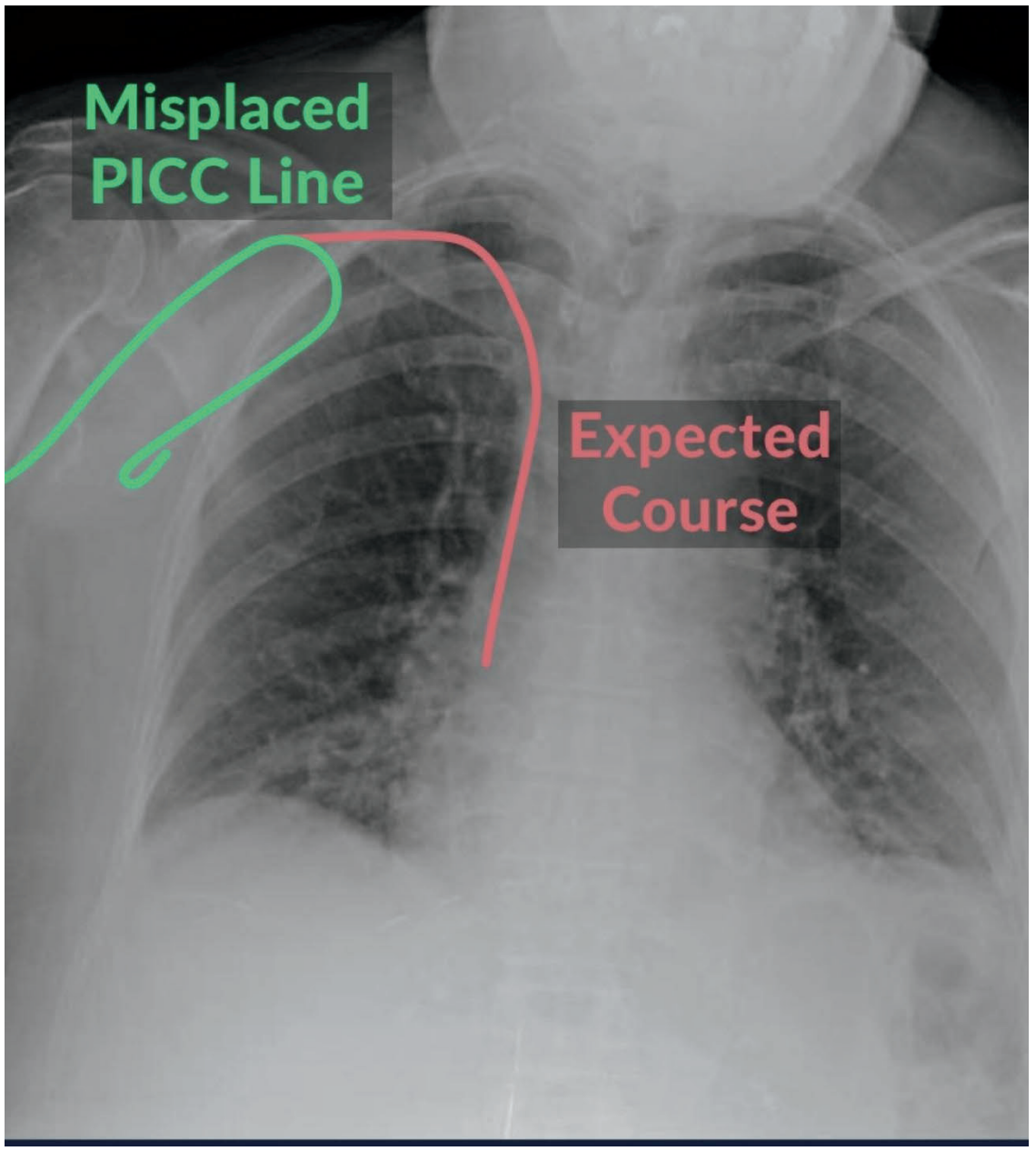

Abdominal
Free Air

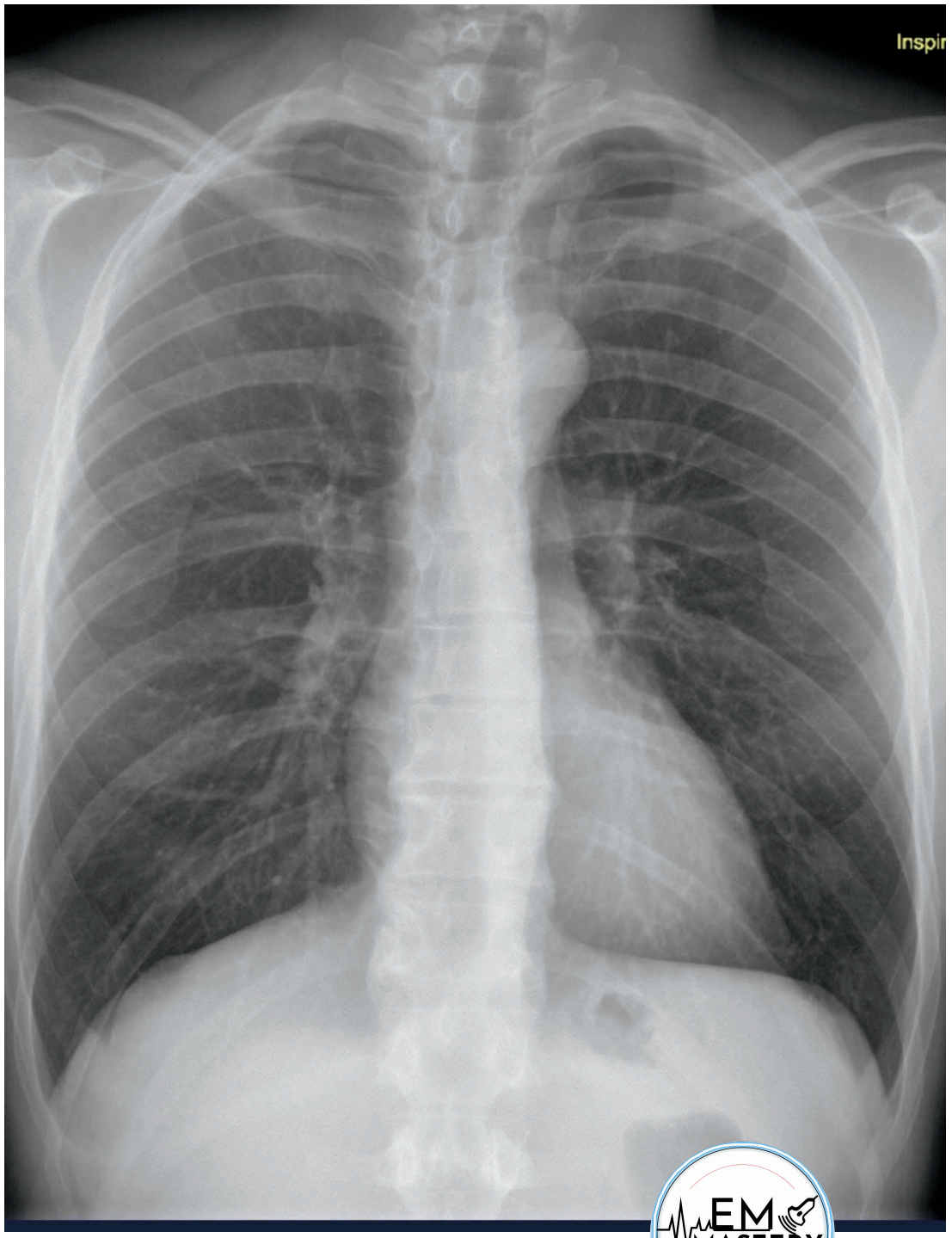

ET Tube
Level of Carina
Opacified Lung

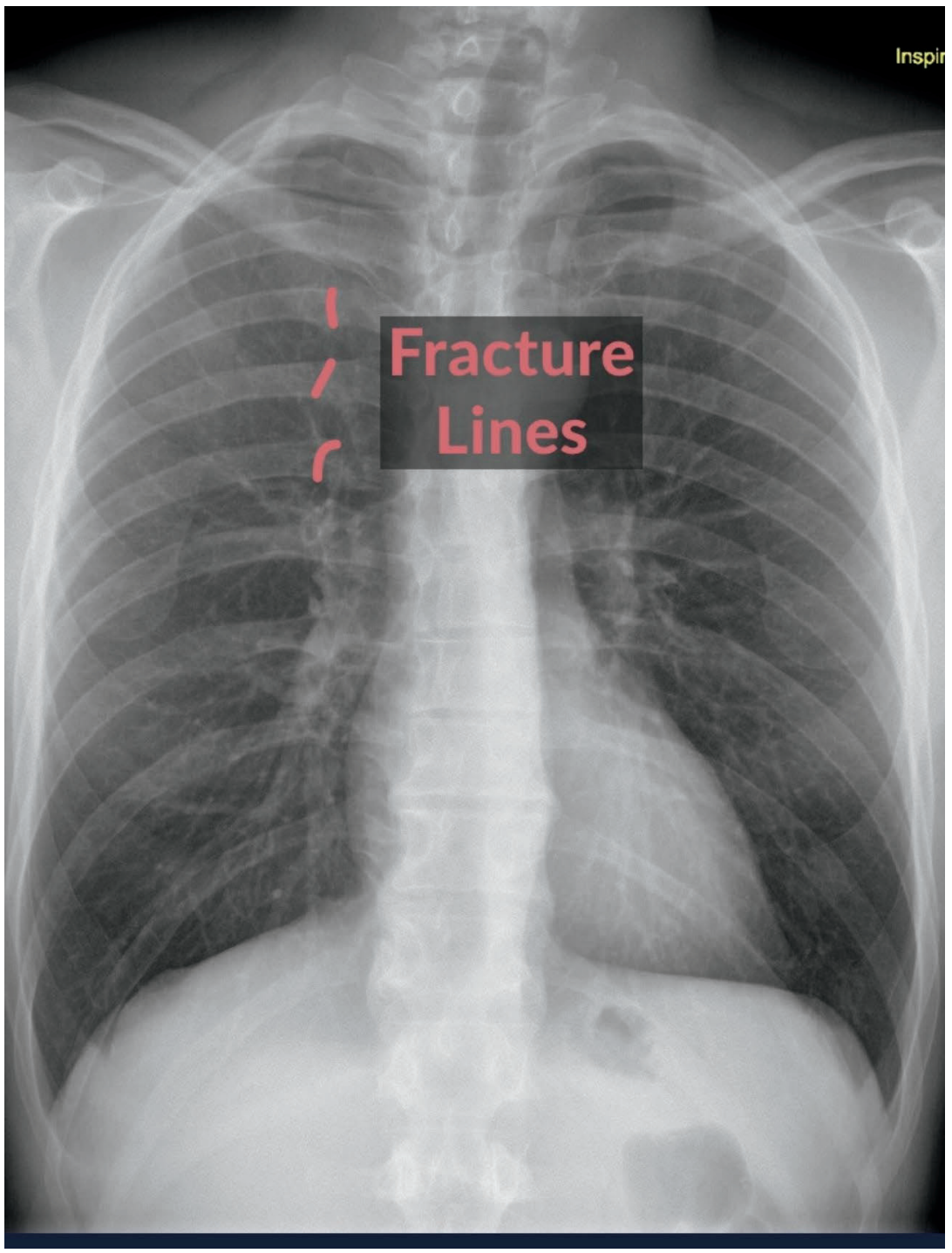


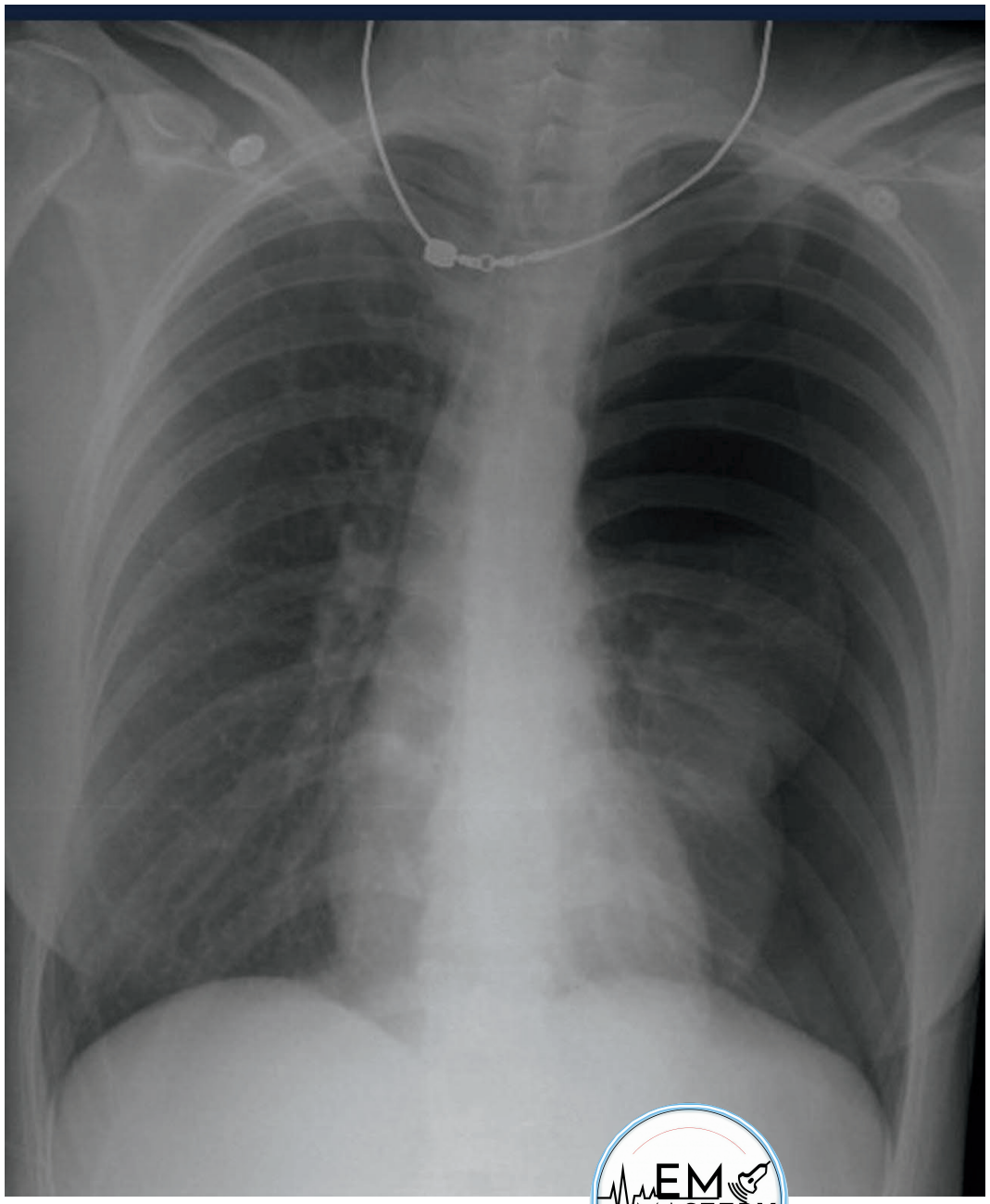

Expected
Contour
Widened Aortic
Knob

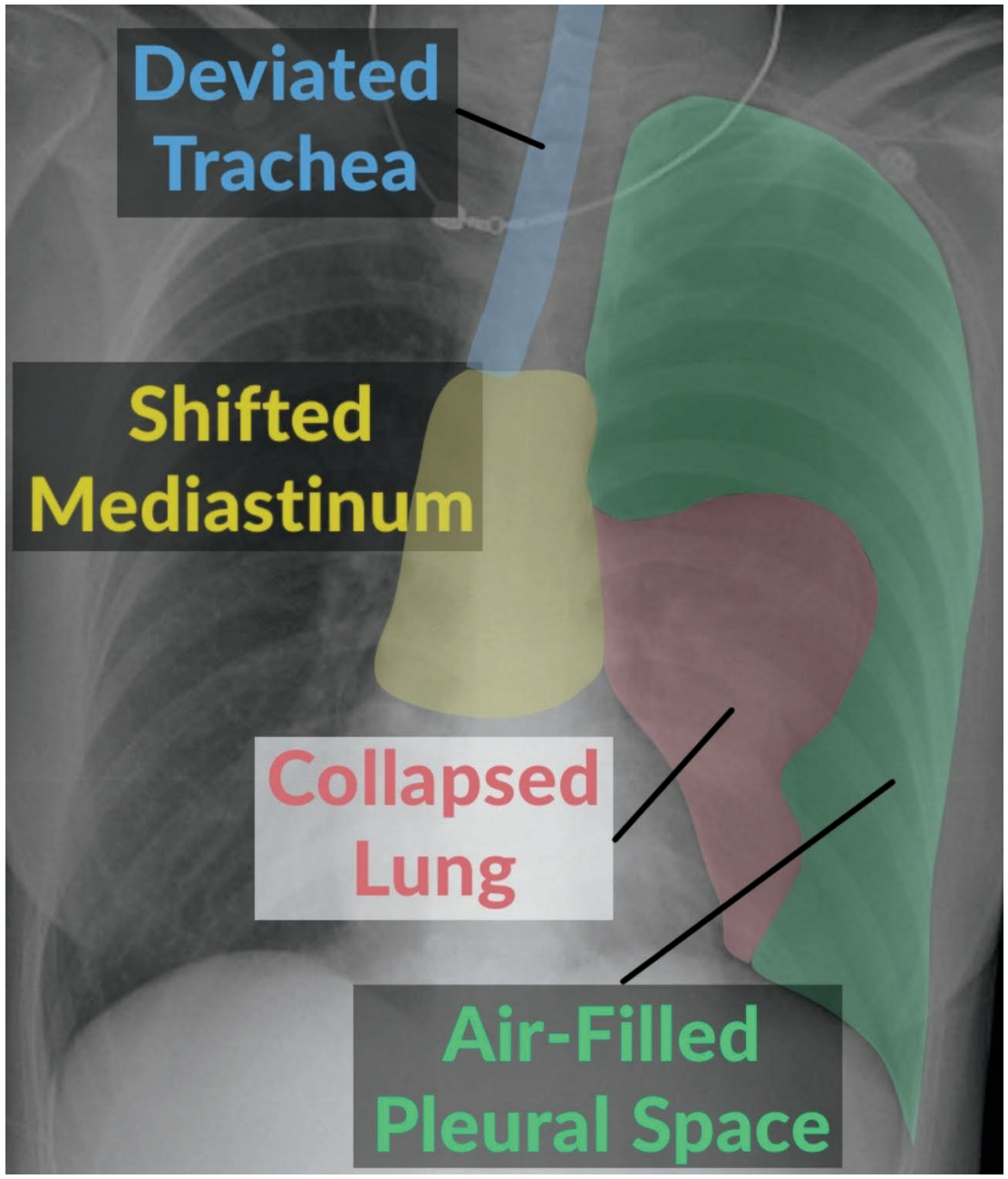



Misplaced
PICC Line
Expected
Course




Fracture
Lines




Deviated Trachea
Shifted Mediastinum
Collapsed Lung
Air-Filled Pleural Space