Perf/small & large obs & competency caecal valve – decompress & free fluid
MRCP – liver & panc & deep infections

Assessment of competences for ANP/ACP/SCP

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note: Practitioners can add DOPS, PBAs and CEXs as evidence.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NOT competent** | **Competent** | **Signature and date** |
| Inspection and interpretation of AXR |
| 1 | Annotation* Patient name
* Correct date
* Confirm projection/view
* Correct left/right labelling identified
* C/w previous imaging
 |  |  |  |
| 2 | Alignment* Vertebral bodies
* Both domes of diaphragm
* Inferior poles of pubic rami
 |  |  |  |
| 3 | Opacity* Ensure whole abdomen is visible from the level of the diaphragm to pelvis
* Confirm correct exposure to proceed with interpretation – adequate to view small and large bowel
 |  |  |  |
| 4 | Structured review BBC* Identify the large and small bowel, liver, lungs, gallbladder, stomach, psoas muscle, kidneys, spleen and bladder
* Identify the bones – ribs, lumbar vertebrae, sacrum, coccyx, pelvis and proximal femurs
* Identify calcification and artefact (i.e. renal stones)
* Comment of findings (normal/abnormal)
 |  |  |  |
| 5 | Comment on the diameter of the bowel segments* Small bowel 3 cm
* Colon 6 cm
* Caecum 9 cm
 |  |  |  |
| 6 | Confirmation of correct line positions* Abdo drain
* NG tube
* GI stent
 |  |  |  |
| 7 | Interpretation* Line placement incorrectly placed
* Distended stomach
* Sigmoid or caecal volvulus
* Fluid level
* Free intraperitoneal gases (Rigler sign)
* Pseudo obstruction
 |  |  |  |
| **Assessor’s comments**: |
|  |
| **This practitioner has completed these outcomes to the appropriate standard.****Assessor’s name:****Signature and date:** | **Practitioner’s signature:****Date:** |