THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

MOBILE RADIOGRAPHY

MEDICAL RADIATION TECHNOLOGIST OBSERVATION FORM

Please complete one form for each examination observed

MRT OBSERVED:	
CMRTO #:	

FACILITY LOCATION	

PATIENT IDENTIFIER:	
PATIENT WRITTEN CONSENT OBTAINED:	

TYPE OF EXAMINATION OBSERVED?	

	C	NC	NA
1.8.1 DUTIES AND RESPONSIBILITIES OF MRTs			
Follow facility policy regarding situations where the use of chaperones may be appropriate.	○	○	○
Ensure the room is prepared for the procedure specified in the order. e.g. Radiation signage posted, remove other patients and visitors when possible	○	○	○
Select and set up the equipment and materials needed for the procedure specified in the order.	○	○	○
Ensure correct patient identification (e.g. confirmation of patient name, date of birth, examination to be performed, and physician/authorized health professional authorization is present).	○	○	○
Confirm that the order is appropriate based on the patient history.	○	○	○
Ensure female patients are confirmed and documented – “Not Pregnant” if applicable?	○	○	○
Inquire about and record any contraindications before starting the exam.	○	○	○

	C	NC	NA
Ensure that the worklist or manually inputted data contains the correct patient information (if applicable).	○	○	○
For multiple visits how are the cassettes identified to prevent double exposure? (if applicable)	○	○	○
Obtain informed consent (oral or written as per facility policy) before each examination (after explaining the procedure and answering any questions). Ensure consent is obtained by power of attorney if applicable.	○	○	○
Ensure pertinent clinical history is available and supplement as necessary.	○	○	○
Instruct the patient and/or nurse and/or guard to remove only the clothing and items that will interfere with the procedure, providing the patient with a gown or sheet to cover areas where clothing was removed and explaining to the patient when and where the MRT may touch them and why.	○	○	○
Follow the facility examination protocols.	○	○	○
Follow facility protocols when unexpected findings are found that would require immediate attention (e.g. pneumothorax, fracture).	○	○	○
Ensure a “Radiation” sign is posted outside of the exam room to inform staff and patients of an examination in progress involving Radiation.	○	○	○
THROUGHOUT THE EXAMINATION:			
Assess the patient’s condition before, during and after the procedure or course of treatment and make modifications to procedures based on the patient’s physical, medical and/or emotional status and needs.	○	○	○
Maintain patient comfort, privacy and dignity at all times.	○	○	○
Stop procedure if at any time the patient withdraws consent and record withdrawal of consent and reason as per site protocol.	○	○	○
Use radiation protection devices and other patient protection devices, as required, and record.	○	○	○
Ensure that the MRT is wearing a lead apron during exposure.	○	○	○
Use PPE (personal protection equipment masks/gloves/gown etc.) as required for the procedure and as indicated by personal risk assessment.	○	○	○
Make sure physical markers are present in the x-ray field but not within the anatomy of interest (electronic markers are considered as a last resort).	○	○	○
Ensure appropriate collimation is used. This can be verified by viewing the raw image.	○	○	○
Ensure that the orientation of the body and other pertinent parameters are marked correctly on the image and data.	○	○	○
Ensure the processed image provides diagnostic image quality while using minimal radiation (ALARA – As Low As Reasonably Achievable). Take corrective action if necessary and record explanation of sub-optimal imaging.	○	○	○

	C	NC	NA
Exposure factors must be taken from technique charts (either manually posted in the control booth or electronically programmed into the anatomical programming of the generator control). Pediatric technique charts are available by weight for infant, toddler and child.	○	○	○
Was the distance measured to ensure 40" and/or 72" as required?	○	○	○
Were appropriate restraining devices available to perform the exam? Additional staff called in to assist?	○	○	○
Ensure film and or CR cassettes are stored appropriately and not left in the examination room (if applicable).	○	○	○
Ensure correct anatomy is displayed on image for accuracy of positioning.	○	○	○
Ensure that patient examination images and data contains patient name, ID number, date of examination and type of examination.	○	○	○
Ensure that each patient record has the MRT identifier to verify who performed the examination.	○	○	○
Record exposure factors? (for mobile x-ray and if non-digital equipment).	○	○	○
Were infection control procedures followed? (e.g. Cassette cleaned before or after exam, hand washing/sanitizer used before and after touching patient, chest stand cleaned, mobile unit cleaned etc.).	○	○	○
Perform quality control procedures as per facility policies?	○	○	○
Did the MRT sign off on the exam at the facility? E.g. in the patient chart, notified patient's nurse/guard etc.	○	○	○
Comply with privacy and confidentiality legislation such as the Personal Health Information Protection Act (Ontario). Was patient privacy maintained at all times?	○	○	○
EQUIPMENT:			
Is the van equipped with a restraining device to lock the mobile radiography unit in place?	○	○	○
Does the van have a maintenance program in place including winter tires?	○	○	○
Is the van equipped with cleaning supplies appropriate for the day to day operation?	○	○	○
Is there a fire extinguisher and first aid kit in the vehicle?	○	○	○
Is there additional PPE available in the vehicle?	○	○	○
Is the policy and procedure manual available to the MRT?	○	○	○

	C	NC	NA
IMAGE REVIEW:			
Are the images diagnostic?	○	○	○
Did each image include collimation and markers?	○	○	○
For chest radiography does the examination include the following?			
Is chest imaging done as per CAR guidelines?	○	○	○
Are the technical factors documented for each image acquired?	○	○	○
Are the technical factors within the appropriate kVp range (120-150) If not, is the examination of diagnostic quality with adequate penetration.	○	○	○

General Comments: *(Please use this section to provide overall comments regarding the technologist's performance, attitude, competency, what infection control measures were taken etc.). Document products used? Explain the booking procedure. How was the order confirmed once on site? How was consent obtained, especially when the patient cannot give it? Where/how were the images processed?*

Recommendations: These recommendations must be documented in the Final Assessment Report

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