OET Case Notes

Radiography · Proficient · Transfer letter · to Consultant Radiologist

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Radiography — Transfer Communication for Urgent Portable X-ray Findings

THE CASE NOTES

Patient: Mr Damian Keogh, 61 years old; currently in ICU day 3; ventilated for respiratory failure secondary to community-acquired pneumonia

Request for portable X-ray: Requested by ICU registrar at 03:45 — clinical concern: sudden deterioration in oxygenation (SpO2 dropped from 93% to 82% over 30 minutes despite FiO2 increase)

X-ray findings (radiographer observation): Compared with yesterday's CXR: new large left-sided hyperlucency with absent lung markings; tracheal and mediastinal shift to the right; absent left hemidiaphragm shadow — appearances consistent with a large left tension pneumothorax; ET tube tip at T1 (satisfactory)

Clinical status at time of X-ray: BP 88/52 (was 118/72 two hours ago); HR 128; SpO2 82% on FiO2 0.9; ventilated; sedated

Action taken by radiographer: X-ray processed and communicated verbally to the ICU registrar Dr Felix Mensah at 04:02; registrar has already initiated needle decompression; image uploaded to PACS

Request: Urgent formal radiologist report requested for PACS and the clinical record

Task: Write the urgent communication to the consultant radiologist, Dr Maria Lopes, conveying the findings and the clinical context and requesting urgent reporting.

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WHAT TO INCLUDE

+ **The X-ray findings in precise radiological terms: large left-sided hyperlucency, absent lung markings, mediastinal shift to the right — consistent with tension pneumothorax**
  The radiologist must receive a precise preliminary description that allows them to triage the report and confirm or refine the observation. Vague 'possible lung problem' is not a radiological communication.

+ **The time-critical clinical context: sudden SpO2 drop from 93% to 82%, BP 88/52**
  The haemodynamic status at the time of the X-ray places the radiological findings in their clinical urgency. The radiologist reports in the context of the clinical picture — this is essential for a correct and appropriately worded report.

+ **That verbal communication was already made to the ICU registrar at 04:02 and needle decompression has been initiated**
  The radiologist must know the clinical team has acted before receiving the formal report. This prevents them from urgently escalating a finding that has already been managed, and ensures the formal report reflects the timeline correctly.

WHAT TO LEAVE OUT

– **The full 3-day ICU medical history and the pneumonia treatment**
  Context: one sentence — 'day 3 ICU admission for CAP with respiratory failure, currently ventilated.' The radiologist needs the relevant context for interpreting this X-ray, not the full ICU admission history.

– **The ET tube position**
  ET tube position is a routine observation in a ventilated patient CXR and is satisfactory. Noting it is correct but it should not overshadow the primary urgent finding. State it briefly or omit if word count is at its limit.

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CRITERION IN FOCUS · PURPOSE

An urgent clinical communication from radiographer to radiologist is not a standard referral — it is a time-critical escalation. The purpose is established in the first sentence: 'I am writing to request urgent reporting of a portable CXR performed at 03:52 in ICU with findings consistent with a large left tension pneumothorax.' Every subsequent sentence serves this purpose. Any sentence that does not help the radiologist understand what they need to report urgently should be removed.