REQUESTS FOR X-RAY EXAMINATION

Requests for x-ray examinations are prepared in duplicate on W.D., M.D. Form 55 k-2. The officer requesting the examination states the part to be examined, pertinent history and physical findings, the provisional diagnosis, and signs the request. Requests for emergency or bedside examinations are plainly marked "emergency" or "bedside" on the face of the form.

REQUESTS FOR X-RAY THERAPY

Requests for X-ray therapy are prepared on W.D., M.D. Form No. 55 k-3 and forwarded to the chief of the roentgenological service. The officer requesting the treatment states the diagnosis, the location of the disease to be treated, and the result expected from the treatment. The clinical record is sent by messenger to the chief of the service when the patient reports for the first treatment. Upon completion of a series of treatments the chief of the service or his assistant sends to the ward officer a record of the treatment.

SCHEDULING OF X-RAY EXAMINATIONS

The following examinations must be scheduled in advance with the roentgenological service:
- Gastro-intestinal (upper digestive, small bowel, and colon) at least 24 hours
- Gall Bladder - 24 hours
- Intravenous Urogram - See "Intravenous Urogram", next page.

EMERGENCY X-RAY EXAMINATIONS

The x-ray department will be open for routine work during designated hours daily. At all other times a technician will be on duty for emergency cases only.

** All data required on Forms No. 55 k-2 and No. k-3 are important and must be furnished by the requesting officer if the maximum value of the procedure is to be obtained.

Requests that do not furnish these data are invalid and will be ignored by the roentgenological service.

*** Only a few X-ray examinations can be done satisfactorily at the bedside and none can be done as well as in the X-ray department. Bedside examinations must not be requested if the patient can be transported to the X-ray Department. In case of doubt regarding the possibility of obtaining a satisfactory bedside examination, please consult with the roentgenological service before requesting such an examination.
X-RA Y EXAMINATION OF THE GASTRO-INTESTINAL TRACT

Examination of the gastro-intestinal tract will be scheduled with the X-ray department at least one day in advance.

FIRST DAY:

UPPER DIGESTIVE TRACT

Diet:
The patient is to have nothing to eat or drink after midnight preceding the examination. Fasting shall continue until written orders for food are given by the X-ray department.

Time:
The patient must be available to the Department during the hours between 8:30 A.M. and 3:00 P.M. No other procedure may be done during this period.

SECOND DAY:

COLON

Diet:
No dietary restrictions.

Time:
When the colon only is to be examined (not preceded by the upper digestive tract) a cleansing enema should be given at 7:30 A.M. preceding the examination; otherwise, give no cathartics and no enema.

INTRAVENOUS UROGRAM

An intravenous urogram must be scheduled in the X-ray Department before noon of the day it is to be done.

Diet:
Fluids should be restricted during the six hours preceding the examination. Only a light lunch should be given at noon preceding the examination.

Enema:
Give a large S.S. enema (1 to 1½ quarts) very slowly allowing 15 to 20 minutes, with the patient lying on the right side. Allow the patient to expel the enema in the upright position if possible. After the enema has been expelled, the patient must not lie on his back or left side. He may sit, stand, or lie on his face or on his right side.

Time:
The X-ray department will call in each individual case regarding the time when this enema shall be given.
X-RAY EXAMINATION OF THE GALL BLADDER

Gall Bladder examinations must be scheduled in the X-ray Department before 12:00 noon.

FIRST DAY:

(1) Lunch: Give the usual diet between 12:00 noon and 1:00 P.M.

(2) Gall Bladder Dye: Give one bottle of dye immediately after lunch. (See instructions on bottle)

Important: No fat in any form is permitted after the first bottle of gall bladder dye is given. No cathartic, except when specifically requested by the X-ray Department.

(3) Supper: Supper will consist of any or all of the following foods. No other foods are to be included.

- Fruit juice or tomato juice
- Fat free stuffed tomato or
- Fat free Spanish rice
- Toast - jelly (no butter)
- Jello - no cream
- Tea and coffee - if desired, but no cream.

(4) Gall Bladder Dye: Give one bottle immediately after supper. (See instructions on bottle)

Water or fruit juices in moderate amounts may be given during the afternoon and evening. No fats.

SECOND DAY:

(1) NO BREAKFAST
(2) Enema: 7:15 A.M. Give a large S.S. enema (1 to 1 1/2 quarts) very slowly, allowing 15 minutes with the patient lying on the right side. Allow the patient to expel the enema in the upright position if possible. After the enema has been expelled, the patient must not lie on his back or left side. He may sit, stand, or lie on his face, or on his right side.

(3) The patient must be ready for call to the X-ray Department between 8:00 A.M. and 12:00 noon. No other tests may be scheduled during this period.

(4) Fat Meal: When satisfactory films have been obtained, the X-ray Department will send a written request with the patient for a fat meal. This fat meal must include the following foods:

- 1 egg
- 2 strips of bacon
- 1 glass of 1/2 milk and 1/2 cream

This meal may include any other foods or beverage that the patient desires.
FOREIGN BODY LOCALIZATION

Localization of foreign bodies will be done on request. This localization procedure is accurate and will be found to be helpful in the removal of a foreign body.

Report of foreign body localization:

Two methods of reporting will be used on patient.

1. A dot will be placed on the skin surface over the foreign body. Since several foreign bodies may be present, distinctive skin markings will be used (circle, triangle, square, etc.) to identify the individual foreign bodies in the report. Also a number indicating the depth below the skin surface will placed on the skin near the identifying dot.

2. Written report - A written report will be made giving the size, shape, and location of the foreign body. The individual foreign body will be identified in the written report by the same character (circle, triangle, square, etc.) which was used as identification on the skin.