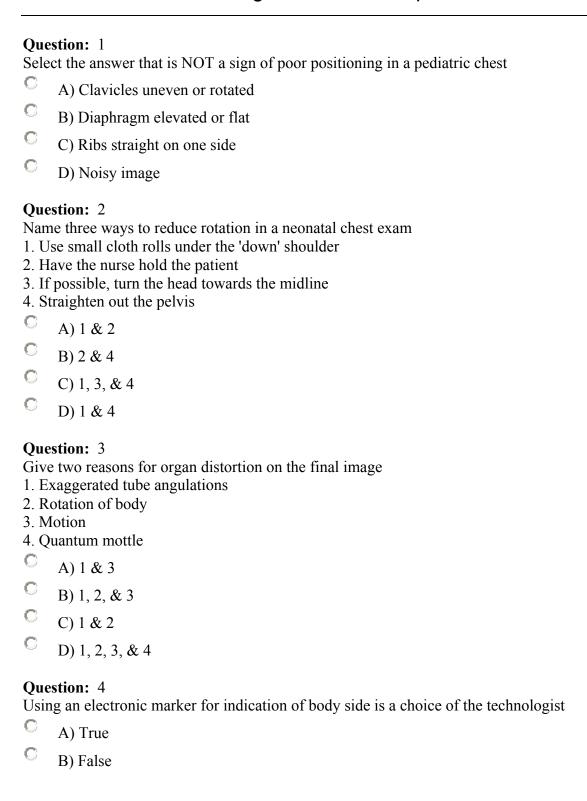
UCLA Pediatric Radiology Continuing Education Competencies



 Indications of body position Time indications ex. GI and IVP Left/ Right body side Portable status 	
A) 1 & 3	
B) 2 & 4	
© C) 1, 2, & 4	
D) 3	
Question: 6 If a lead left or right marker is mistakenly used, the technologist should A) Repeat the exam with the correct lead marker	
b) Correct the mistake using electronic markers	
C) Delete the image and cancel the exam	
D) Leave the image mislabeled	
Question: 7 In general, the best positioning technique to obtain good results when taking an AP and La chest x-ray on a pediatric patient is	ıteral
A) Lay the patient down on the table	
B) Ask the parent to hold the child	
C) Use a Pigg O Stat	
C D) Use an immobilization board	
Question: 8 On a lateral chest x-ray, the collimated beam should be	
A) Just above the apices of the lungs	
B) Just below the chin	
C) Just below the lens of the eye	
D) Just below the umbilicus	
Question: 9 For pediatric chest imaging, to ensure good inspiration the technologists should watch for visualization of the ribs. Deep inspiration is when the ribs are most prominent.	
A) True	
B) False	

To help ensure successful results in obtaining high quality pediatric chest exams				
0	A) Ask the parent to wait outside the room			
0	B) Try and become friends with the child			
0	C) Set up the room prior to bringing in the patient			
0	D) Tell the child it won't hurt			
In the	Question: 11 In the smaller pediatric patient, what anatomical structure should be well visualized in the lat chest view?			
0	A) Stomach bubble			
0	B) Nasopharynx			
0	C) Anterior sternum			
0	D) Scapula			
_	atric Chests under 3 years of age are processed using a special algorithm to A) Reduce scatter B) Increase Contrast C) Insure good visualization of small structures in the chest D) Reduce Motion			
Question: 13 Blanket folds have the potential for creating				
0	A) Static electricity			
0	B) Uneven exposure values			
0	C) Fold artifacts			
	D) Increased S-Values			
Question: 14 Which of the following is NOT a sign of poor tube angulation				
0	A) Ribs are horizontal			
0	B) Body Rotation			
0	C) Lung volumes appear low			
0	D) Heart is foreshortened			

Question: 15 The number one reported near quality issue in pediatric redicerents is				
The number one reported poor quality issue in pediatric radiography is				
0	A) Poor exposure factors			
0	B) Mismarked body side			
0	C) Poor positioning			
0	D) Wrong processing			

Key

_	tion: 1 t the answer that is NOT a sign of poor positioning in a pediatric chest		
0	A) Clavicles uneven or rotated		
0	B) Diaphragm elevated or flat		
0	C) Ribs straight on one side		
0	D) Noisy image		
Name 1. Use 2. Hav 3. If p	tion: 2 three ways to reduce rotation in a neonatal chest exam e small cloth rolls under the 'down' shoulder we the nurse hold the patient bossible, turn the head towards the midline aighten out the pelvis		
0	A) 1 & 2		
0	B) 2 & 4		
0	C) 1, 3, & 4		
0	D) 1 & 4		
Question: 3 Give two reasons for organ distortion on the final image 1. Exaggerated tube angulations 2. Rotation of body 3. Motion 4. Quantum mottle			
0	A) 1 & 3		
0	B) 1, 2, & 3		
-	C) 1 & 2		
-	D) 1, 2, 3, & 4		
Question: 4 Using an electronic marker for indication of body side is a choice of the technologist			
	A) True		
0	B) False		

Question: 5 Electronic markers can be used for 1. Indications of body position 2. Time indications ex. GI and IVP 3. Left/ Right body side 4. Portable status A) 1 & 3 B) 2 & 4 C) 1, 2, & 4 D) 3
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-	Question: 10 To help ensure successful results in obtaining high quality pediatric chest exams		
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The number one reported poor quality issue in pediatric radiography is

A) Poor exposure factors

B) Mismarked body side

C) Poor positioning

O) Wrong processing

UCLA Radiology

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