Ministry of Health

Sri Lanka

**SRI LANKA SCHOOL OF RADIOGRAPHY**

**NATIONAL HOSPITAL**

**COLOMBO**

STUDENTS RECORD OF PRACTICAL WORK

DIAGNOSTIC RADIOGRAPHY

 ***2015 - 2017***

 STUDENT’S NAME :…………………………………………………………………….

REGISTRATION NUMBER:………………………………………………………….

TRAINING PERIOD : FROM ………………………..TO……………………………

SIGNATURE: ………………………………………………….

To the best of my knowledge this is a true record of the practical radiography

carried out by ……………………………………………………………………………………….

during the period from ………………………………..to ………………………………………

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PRINCIPAL

SRI LANKA SCHOOL OF RADIOPGRAPHY

SRI LANKA SCHOOL OF RADIOGRAPHY

**SPECIAL NOTICE TO THE STUDENT**

THE STUDENT MUST BE IN POSSESSION OF THIS COMPLETED

PRACTICAL WORK RECORD BOOK WHENAPPEARING FOR THE VIVA VOCE SECTION OF THE FINAL EXAMINATION

**STUDENT’S RECORD OF PRACTICAL WORK**

**1. X-RAY Examinations** :- Students must complete a minimum of 800 x-ray

 examinations before the final examination. 400 of these examinations must

 be UN AIDED but supervised by a qualified radiographer.

**2. Office Experience** :- Minimum of 2 weeks to include, Reception &

 Registration of Patients, making appointments and giving instructions for

 special examinations, recording and delivery of x-rays.

**3. Film processing and Darkroom work**:- Minimum of 2 weeks to include

 mixing processing chemicals, manual and automatic processing of films,

 cleaning of automatic processors.

4. Visit to CSSD

5. Nursing room :- Minimum of 1 week Preparing of trolleys (sterile) for

 special procedures

6. Cleaning and care of apparatus

**The student’s work should be listed as indicated and each examination / procedure should be signed by the radiographer / responsible person.**

**Signature Sheet**

1. Visit to CSSD :

Date:………………………….

 Signature of the Sister in charge ………………………………

 2. Nursing room (X-ray Department)

 Period : …………………………

Signature of the Sister In charge ………………………..

1. Film processing:

Period : 1 …………. 2 …………. 3 …………..

Signature of

the radiographer 1………… 2 …………… 3………….

1. X-ray Office :-

 Period : 1 …………. 2 …………. 3 …………..

Signature of

 the radiographer 1………… 2 …………… 3………….

**GUIDE TO RADIOGRAPHIC EXAMINATIONS AND OTHER DUTIES**

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| EXAMINATION | SUGGESTED NUMBER | NUMBER PERFORMED |
| **1. Skeletal Radiography:-** **Upper Limb**:- hand, Fingers, Thumb, Wrist  Joint, Forearm, Elbow joint, Humerus. **Shoulder girdle**:- Shoulder joint,  Acromioclavicular joint, Scapula, Clavicle,  sterno clavicular joint.**Lower limb:-** Foot, Toes, Tarsus, Calcaneum, Ankle, Leg, Knee joint, Patella, Femur**Hip Joint:-** Single hip, Both hips, Neck of Femur, uppervthird of femur**Pelvic Girdle:**- Pelvis, Sacroiliac joints.**Vertebral Column:**- Cervical spine, Cervico-thoracic region, Thoracic spine, Lumbar Spine, Lumbar Sacral Articulation, Sacrum, Coccyx.**Bones of The Thorax:**- Sternum, Ribs, Sterno-Clavicular joints.**Skull:**- PA, Lateral & Special Projections including SMV, TOWne’s , IAM, TM Joints, Mastoids.**Facial bones:**- OM, Mandibular views & others**Paranasal Sinuses:**- **2. Plain Radiography of the Viscera & Soft**  **Tissue:-** **Chest:-** PA, Lateral, Obliques, Apical and Thoracic inlet  Views. **Neck –** Soft tissue **Abdomen:-** Abdomen erect, supine, KUB, Lateral,  Decubitus views | 100251002010100101002030  1002050 |  |

**GUIDE TO RADIOGRAPHIC EXAMINATIONS AND OTHER DUTIES**

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| EXAMINATION | SUGGESTED NUMBER | NUMBER PERFORMED |
| **3. Gynaecological & Obstetric examinations:-**  Abdomen during pregnancy, Hystero-Salphingography**4. Paediatric Radiography:-** **5. Contrast Examiations:-** **Alimentary Tract :-** Barium swallow, Barium  Meal & Follow through, barium Enema **Urinary System :-** IVU, Cystogram, Retrograde  Pyelogram, Urethrogram  **Billiary System:-** ERCP, Cholangiogram **Dacryo-cystography** **Sialography** **Myelography** **Arthrography** **Sinography** **Any Other****6. Ward & OT Radiography****7. Dental radiography****8. CT (Observation)****9. Nuclear Imaging (Observation)****!0. DSA****11. MRI****12. Other examinations (Extra work)** | 102530301025 40101010 10 |  |

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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
|  |  |  | **Upper Limb** |  |  |  |  |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
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|  |  |  | **PELVIC GIRDLE & HIP JOINTS** |  |  |  |  |
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|  |  |  | **Cervical Spine** |  |  |  |  |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
|  |  |  | **THORACIC SPINE** |  |  |  |  |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
|  |  |  | **LUMBAR / LUMBO-SACRAL SPINE** |  |  |  |  |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
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|  |  |  | **Paranasal Sinuses (OM, Lateral),**  |  |  |  |  |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
|  |  |  | **Facial Bones (OM, OM 30, Mandible, TM Joints)** |  |  |  |  |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
|  |  |  | **NECK SOFT TISSUE** |  |  |  |  |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
|  |  |  | **ABDOMEN / KUB AP, ABDOMEN ERECT& Decubitus** |  |  |  |  |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
|  |  |  | **ABDOMEN / KUB AP, ABDOMEN ERECT& Decubitus** |  |  |  |  |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
|  |  |  | **Gynaecological & Obstetrics (HSG. etc)** |  |  |  |  |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
|  |  |  | **Paediatric Radiography** |  |  |  |  |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
|  |  |  | **Barium Swallow, Barium meal & Follow through** |  |  |  |  |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
|  |  |  | **Barium Enema** |  |  |  |  |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
|  |  |  | **Urethrogram, Cystogram, Retrograde Pyelogram etc.** |  |  |  |  |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
|  |  |  | **ERCP, PTC, T-Tube Cholangiography etc.** |  |  |  |  |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
| **Other special Examinations:- DCG, Sialography, Sinography, Myelography, Arthrography, etc** |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
|  |  |  | **IN WARD (Mobile)& OT (C-ARM) Radiography** |  |  |  |  |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
|  |  |  | **DSA / Coronary Angiography** |  |  |  |  |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
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|  |  |  | **Nuclear Imaging** |  |  |  |  |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
|  |  |  | **Dental Radiography****(Peri-apical, Occlusal, OPG)** |  |  |  |  |
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| Date | X-ray room / Hospital | X-ray Number | Region(Examination) | Aided by Radiographer | DoneUnaided | Radiographer’s Signature | Tutor / Principal |
|  |  |  | **Other Examinations & Extra work** |  |  |  |  |
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