RefHelp Primary Care Chest X-ray Guidelines

CXR in Primary Care indications:

Urgent Suspicion of Cancer CXR (as per SRGC and Lung Cancer Guidance on RefHelp) (Remember to choose USOC priority on the SCI Gateway Referral)

- Any unexplained haemoptysis
- Unexplained and persistent (more than 3 weeks): change in cough or new cough, dyspnoea, chest/shoulder pain, loss of appetite, weight loss, chest signs, hoarseness, fatigue in a smoker aged over 40 years
- New or not previously documented finger clubbing
- Persistent or recurrent chest infection
- Cervical and/or persistent supraclavicular lymphadenopathy
- Thrombocytosis where symptoms and signs do not suggest other specific cancer

Other indications:

- Night sweats, fevers
- Chronic respiratory conditions with unexplained change in symptoms
- Unexplained increased CRP
- Unexplained erythema nodosum
- Strong suspicion of suspected underlying malignancy without obvious clinical primary (see additional RefHelp guidance here)
- Post pneumonia follow up as advised by Radiology (Please see here for the Radiology Pneumonia Follow up protocol and please see here for the arrangements for requesting this in advance)
- TB screening for new entrants to the UK from countries with a high prevalence of TB

CXR not routinely indicated:

- Chest trauma e.g., suspicion of rib fracture
- COPD / asthma follow up
- Heart failure / hypertension without clinical change (Please see guidance on diagnosis of Heart failure where prior to referral a CXR is considered 'Helpful but not essential')
- Infection / cough / wheeze in children
- Pre-operative assessment
- Routine follow-up in the absence of clinical deterioration (unless advised by radiologist)
- Medical screening – unless employment related risk
- Upper respiratory tract infection
- Suspected costochondritis

CXR in acute setting indications:

Included here for info, these conditions require admission and investigations will be arranged by Secondary Care

- Acute respiratory distress
- Suspected pulmonary embolus (rule out other pathology prior to CTPA)
- Chest trauma – severe / penetrating injury
- Acute severe chest pain
- Suspected acute decompensated heart failure
- Suspected pneumothorax
- Suspected chest sepsis
- Sepsis of unknown origin

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