**Situation:**
During COVID crisis a rise in the use of portable radiographs has been recommended to minimize risk of spread and equipment down time.

**Background:**
Portable chest imaging is a frequently ordered exam in the work-up of complicated pneumonia and may have a role in patients being admitted with suspected or known COVID infection to assess extent of lung disease. The standard work-flow for a portable chest radiograph for any suspected or known COVID patient would require full PPE use by the technologist and full equipment wipe down if brought into the patient room.

**Assessment:**
A modification to the portable chest radiograph process for suspected or known positive COVID patients in the Emergency Room may allow for less risk to staff and decreased use of PPE.

**Recommendation:**
Portable chest radiographs in the ED may be acquired at 72 inches source to detector distance with portable unit outside of patient room
- Patient must be able to sit upright
- RN should don full PPE (note in ED setting surgical mask may be used instead of N95)
- Technologist will wear surgical mask and gloves
- RN will be handed bagged detector and given instructions on proper placement
- RN will move stretcher closer to glass door and exit patient room
- Proper techniques to be set on Dart portable unit
  - Select “Covid chest” tile
  - with glass: 110 @ 6.4
  - without glass: 110 @ 4 for average size patient, or decrease mAs by two stations from what you would expect with the glass
- Exposure will be made with RN outside of room, technologist will stand six feet from where the x-ray beam intercepts the glass, but off to the side towards the wall.
- After exposure, RN will retrieve the bagged detector and slide it partially out of bag
- Tech will grab detector from inside of bag and disinfect detector with cavi wipes
- RN will then dispose of bag in trash in room
- Tech labels film as 72” on PACS