## **Effective radiation doses and associated risks** General X-ray



## **Medical Imaging**

This poster describes typical effective doses from common paediatric studies performed at the RCH, the associated lifetime risk of cancer incidence and level of risk. The effective doses are also expressed in terms of 'background equivalent radiation time' (BERT) and the number of hours of international flight time. The terminology used, including BERT and international flight time, will assist you in conveying the associated lifetime risk of cancer incidence and level of risk to health professionals, patients and carers in ways that are easy to understand.

## All medical procedures involving ionising radiation exposure must be justified and approved.

All examinations should be conducted so that the dose to the patient is the lowest necessary to achieve the clinical aim.

## **General X-ray**

The effective dose estimates for weight ranges are based on the RCH general X-ray exposure chart. Estimates quoted are the maximum values. For example, the effective dose for an abdomen AP exam for a child weighing 26–60 kg is less than 0.18 mSv and the risk of cancer incidence is better than one in 26,900 which is considered to be a very low level of risk. The effective dose from this abdomen AP exam is the same as from the natural background radiation that the patient would receive in less than 1.5 months or about 75 hours of international flight time.

When multiple exams and/or views are performed you can estimate the cumulative risk by summing the dose and BERT estimates together. For example, a chest AP and lateral for a child weighing 26–60+ kg would have an effective dose of less than 0.08 mSv which is less than 20 days of BERT or about 34 hours of international flight time.

The natural (non-radiation induced) childhood cancer incidence rate in Australia is about one in 5,800 per year, or one in 600 before the age of 15 years.

View/weight range	Typical effective	Risk of cancer	Level of risk	BERT (1.5 mSv pa)	International flight time	
	dose (mSv)	induction	less dose and risk		(hours)	
3–25 kg	0.01	<1 in 216,000	Minimal	~2.4 days	4	
26–60+ kg	0.03	<1 in 166,000	Minimal	~7.3 days	13	
Chest lateral				<b>y</b>		
3–25 kg	0.02	<1 in 178,000	Minimal	~4.9 days	8	
26–60+ kg	0.05	<1 in 105,000	Minimal	~12.2 days	21	
Abdomen AP						
3–25 kg	0.03	<1 in 99,700	Very low	~7.3 days	13	
	0.2		to minimal	~1.5 months	75	
26–60kg 60+ kg	0.2	<1 in 26,900 <1 in 19,300	Very low Very low	~2.3 months	121	
Shoulder (3–60+		<111119,500	verytow	~2.5 months	161	
AP	< 0.03	<1 in 201,000	Minimal	<7.3 days	<13	
Lateral	<0.01	<1 in 655,000	Minimal	<2.4 days	<4	
Pelvis AP						
3–25 kg	0.02	<1 in 182,000	Minimal	~4.9 days	8	
26–60 kg	0.07	<1 in 66,500	Very low	~17 days	29	
60+ kg	0.1	<1 in 44,700	Very low	~29 days	50	
Lower extremities (3–60+ kg)						
Knee AP & lateral (2 views)	<0.001	<1 in 10,470,000	Negligible	~1 hour	<1	
Tib/fib AP &						
lateral (2 views)	<0.001	<1 in 5,233,000	Negligible	~3.5 hours	<1	
Ankle AP,						
mortise &	<0.001	<1 in 11,120,000	Negligible	~1hour	<1	
lateral (3 views)						
Foot AP, oblique & lateral	<0.001	<1 in 11,240,000	Negligible	<1 hour	<1	
(3 views)	<b>VU.UUI</b>	<1 III 11,240,000	regugiote	(1 Hour	1	
C-spine AP & late	eral (2 views)					
3–15 kg	0.02	<1 in 148,000	Minimal	~4.9 days	8	
	ntoid & lateral (3 v					
16-60 kg	0.03	<1 in 127,000	Minimal	~7.3 days	13	
60+ kg	0.06	<1 in 93,500	Very low to	~12 days	25	
C-spine AP, odontoid, lateral & swimmers (4 views)						
			Very low to			
26–60 kg	0.06	1 in 78,900	minimal	~12 days	25	
60+ kg	0.1	1 in 60,600	Very low	~24 days	42	
T-spine AP & lateral (2 views)						
3–15 kg	0.04	1 in 54,200	Very low to	~10 days	17	
16-40 kg	0.1	1 in 35,100	minimal Very low	~24 days	42	
41–60+ kg	0.2	1 in 27,300	Very low	~1.6 months	84	
41-60+kg 0.2 1 m 27,500 Very low ~1.6 months 84   T-spine AP & breathing lateral (2 views)						
26–40 kg	0.3	1 in 11,200	Very low	~2.6 months	134	
41–60 kg	0.5	1 in 9,400	Low to very low	~3.6 months	188	
60+ kg	0.6	1 in 9,300	Low to very low	~4.8 months	251	
L-spine AP & late	ral (2 views)					
3–15 kg	0.06	1 in 38,300	Very low	~12 days	25	
16-40 kg	0.1	1 in 27,200	Very low	~1 month	54	
41–60 kg	0.2	1 in 22,100	Very low	~1.5 months	79	
60+ kg	0.3	1 in 16,900	Very low	~2.6 months	138	
Skull (3-60+ kg)			Vendenste			
AP & lateral (2 views)	0.03	<1 in 83,700	Very low to minimal	~7.3 days	13	
AP, lateral,						
SMV & Townes	0.07	<1 in 38,800	Very low	~17 days	29	
(4 views)						
Skeletal survey N	1	1 - 0 100	Laurtan 1	<b>2</b>	105	
3–7 kg	0.3	<1 in 8,400	Low to very low	~2 months ~2.2 months	105 117	
8–15 kg 16–25 kg	0.3	<1 in 8,200 <1 in 5,600	Low to very low Low to very low	~2.2 months	205	
26–40 kg	0.5	<1 in 5,800 <1 in 4,900	Low to very low	~5.9 months	309	
41–60 kg	0.9	<1 in 4,600	Low	~7.2 months	376	
60+ kg	1.3	<1 in 6,500	Low	~11 months	565	
Skeletal survey bone dysplasia						
3–7 kg	0.2	<1 in 11,600	Very low	~1.4 months	75	
8–15 kg	0.2	<1 in 11,100	Very low	~1.8 months	92	
16–25 kg	0.3	<1 in 8,000	Low to very low	~2.7 months	142	
26–40 kg	0.5	<1 in 7,400	Low to very low	~3.9 months	205	
41–60 kg	0.6	<1 in 6,700	Low to very low	~5.1 months	268	
60+ kg	1.0	<1 in 9,000	Low	~7.8 months	406	

For reference, the Calman risk classification and terminology model is used.

Term	Risk range		
High	<1:100		
Moderate	1:100 to <1:1,000		
Low	1:1,000 to <1:10,000		
Very low	1:10,000 to <1:100,000		
Minimal	1:100,000 to <1:1,000,000		
Negligible	≥1:1,000,000		