Rapid Radiology with new updates.

Work flow

Website: https://apps.rapidrad.com/login/

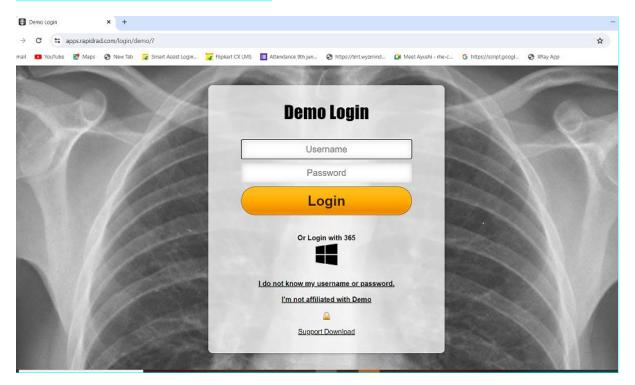
user id: imam

pass: trad4321

Note: We can open this Rapid on Google chrome.

First open the Rapid website on Google chrome.

Website: https://apps.rapidrad.com/login/



Login with appropriate username and password.

user id: imam

pass: trad4321

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Demo Login	
imam	1
Login	
Or Login with 365	
I do not know my username or password.	
I'm not affiliated with Demo	
Support Download	
	imam Login Dr Login with 365 Ido not know my username or password. Im not affiliated with Demo

Then click on Login.

Once login done,

By default, some others existing case will get open, cancel it by clicking on cancel button.

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Name	DOB	Exam Date	ID/MRN		ccession		Images			
GIBSON, DANNY	1960-04-07	2024-02-01	GIBSOND600407	7 EC2	23944635		5			
History: pelvic pain, M	125.561-Pain in r	ight knee, M25.5	52-Pain in left knee							
QA: If this is for NG/ determine if this is a note that as well and	ppropriate for	feeding. If you	do not see NG/OG,	, please						
Mobile, LA: Pelvis X-R	ay 1-2 view									
						There are no prese Click the 'add' but	t Rapid Texts for this exam type. on to create some.			add
										191
1 of 3 Exams. 0 Submitted. ((Quen Viewer)	🔘 Nega	tive 🔿 Significant 🔾	Critical S	ign Report					
Next										
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								Click or	n cancel	

Now we can see the home screen of the Rapid, and worklist with different modalities, like US, CT and X-rays.

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High pr	iority studies detected. They mus	st he completed before other studies.							ľ
R/S ≑	Name	Exam +	Date +	1					
I-SF	HARRIS, MCKENZIE L	US-Breast IT Complete	Addendum/Final						
I-SF	FULLER, JENNIE	US-L 93971 (LT) Duplex Scan,Veins, Extre	02/01 18:51						
I-SF	BOWMAN, MICHAEL	XR-EXAM C IEST 2 VIEWS	Addendum/Final						
	RUSSELL, ELISABETH	US-76700-1 S,Abdominal, B-Scan And/Or Rea	02/01 13:26						
	STJOHN, CYNTHIA	US-76770-1 S,Retroperitoneum, B-Scan/Real	02/01 13:47						
1	MCCONNELL, JANET	US-Transvaginal	02/01 13:29						
	FIELD, DEBRA	US-L Duple Scan,Lower Extremity Arterie	02/01 13:22						
	RIVAS HURTADO, MIREYA	US-OB follo v up (fetal growth)	02/01 14:23						
	PELT, JOHN	XR-LUMBAI SPINE 2-3 View SEPRT L CALCANE	02/01 15:03						
	THURMAN, BARBARA	CT-LSPINE v/o	02/01 15:03						
	KINNEY, MARY	US-76770-I S,Retroperitoneum, B-Scan/Real	02/01 16:11						
	PORADOWSKI, TERESA	US-93930-I uplex Scan,Upper Extremity Art	02/01 16:15						
۱. I	MOORE, ANGELA	US-Duplex can, Extracranial Arteries, C	02/01 15:05						
	BREWER, ALMA	XR-L HUME US - 2 view	02/01 16:14						
1 - E	CORONADO, JOSE	US-Abdomen-Limited-single organ/quadr	02/01 16:20						
1	BAKER, FRED	US-Extrem ly Arteries - Bilateral Lo	02/01 16:47						
1	LASKY, LOUIS	US-BLADD R US	02/01 16:54						
€,	🔎 Type here to search 🛛 🦽	🔜 H 💽 🖻 🛤 💼 😼 🔸 関	s 🕤 🐨	3	(?) <u>~ = «</u>	🖥 🛃 🍂 🕬 ENG	09:	3 2024 -	Ę

To sort the Exam in proper categorisation, click on the down arrow button.

Now we can see all the X-rays in list.

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Worklist	Peer Review Report Search Notification	Time Card Scheduling		
High p	iority studies detected. They mu	**************************************		
R/S ≎	Name	Exam	- Date +	
I-SF	BOWMAN, MICHAEL	XR-EX M CHEST 2 VIEWS	Addendum / Einal	Click down arrow button.
1	PELT, JOHN	XR-LU IBAR SPINE 2-3 View SEPRT L CALCAN	E., 02/01 15:02	
1	BREWER, ALMA	XR-L HUMERUS - 2 view	02/01 16:14	
1	PENA, MIGUEL	XR-Ch st 1V SEPRT Abd X-Ray, Flat	02/01 16:53	
1 I	PEAKS, BETTY	XR-KU3 Kidney, Ureter, Bladder	02/01 16:57	
1 I	CHAMBLISS, JOHNATHAN	XR-LFINGER(S) - 2-3 views	02/01 17:32	
1.1	WALLACE, MARY	XR-L / NKLE Complete 3 view	02/01 17:06	
1	BERARD, DELLA	XR-Chest 1 View	02/01 18:00	
1.1	CAMPER, MELVIN	XR-KU3 Kidney, Ureter, Bladder	02/01 17:33	
1	FISHER, JAMES	XR-L F IBS - Unilateral - 2-3 vie	02/01 17:43	
1	MOONEY, KAZUE	XR-L Fip unilateral 2-3 views SEP	02/01 18:02	
1	FULTON, GRANVILLE	XR-R I IBS - Unilateral - 2-3 vie	02/01 18:03	
1	COLLINS, JUANITA	XR-L CALCANEUS - 2 view	02/01 18:04	
1	HIMEL, BERNADINE	XR-R pot 3 views	02/01 18:17	
1	ACHIGBU, KALINA	XR-Hunerus - Left {2 Views} [HUL]	02/01 18:48	
1	ACHIGBU, KALINA	XR-Eltow - Left {3 Views} [ELL]	02/01 18:48	
1	DIAZ, JOSHUA	XR-SP NE CERVICAL 2-3 view	02/01 16:30	

To open a case, click on that Name of the patient from the list.

Images and report will get open at a time.

Drag the images on second monitor.

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45 apps.rapidrad.com/v198/e26abbd57781552826b1476fd4a7flb0	Q
2024-02-01 PET, JOHN 2024-02-01	- 001 2024-02-01 CF 930-06-10 930-06-10 - meret: 1001 - meret: 1002 - meret: 1003 - meret: 1004 - meret: 1004 - meret: 1005 - meret: 1004 - meret: 1005 - meret: 1004 - meret: 1005 - meret: 1005 </th
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Nome DOB Exam Date ID/MRN Accession Images PELT_JOHN 1958-06-18 2024-02-01 HF463754142 emi653708159 5	
History: M79.672-PAIN IN LEFT FOOT, M54.50-LOW BACK PAIN, UNSPECIFIED	
QA: If this is for NG/OG placement, note exact location of NG/OG so clinician can determine if this is appropriate for feeding. If you do not see NG/OG, plcase note that as well and recommend follow up imaging to better identify.	
Sen overread, FL: LUMBAR SPINE 2-3 View	
First Monitor	24
Lo <u>f 2 Exams</u> , 0 Submitted. (<u>Geen Visuar</u>) O Negative O Significant O Critical Sign Report	7
Next Looped Cancel QA I	Reject
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We can see the patient Name, age and current and previous study images, in the second Monitor.



Note: Only if prior study image is available then only, we can see the previous images.

And similar We can see the patient Name and current study history, along with previous study reports in the first Monitor if available.

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OTHER [QA RE			
5047 NO FFA (awareau g 2014-041193168) QA: If this is for NG/JOG placement, note exact location of NG// determine if this is appropriate for feeding. If you do not see N note that as well and recommend follow up imaging to better in	G/OG, please		
Mmds, NC: RIGHT Shoulder X-Ray Complete 2 or more V			
Current study report	box	There are no preset Rapid Tools for this exam type. Click the 'add' buckn to create some. COMPARISON CHILDE: none 'mreative's resetution ChilleDE: none 'mreative's resetution.	and .
1 of 4 Evans, 0 Submitted, (<u>previous</u>) O Hegative O Signifi Next	cant 🔾 Critical Sign Report		
Prior Prior Res	ults		
02/24/23 Shoulder X-Ray Complete 2 or more V: Modest degenerative joint disease of right shoulder; otherwise, no fractum	e or dislocation seen. The findings are unchanged f	on 04/04/2022. Prior report for comparis	on
History: M25.511-Pain in right shoulder			

Note: Only if prior study report is available then only, we can see the previous study reports.

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Report body cannot be blank		
DOB Exam Date ID/MRN Accession PELT, JOHN 1958-06-18 2024-02-01 HF463754142 emi653708159	Images 5	
History: M79.672-PAIN IN LEFT FOOT, M54.50-LOW BACK PAIN, UNSPECIFIED		
determine if this is appropriate for feeding. If you do not see NG/OG, please note that as well and recommend follow up imaging to better identify.		
Gen overread El + LIIMRAD SDINE 2-3 View		
Technique: Lumbar spine, 3 views	There are no preset Rapid Texts for this exam type. Cick the 'add' button to create some.	edd
Comparison: None.	Circle are and pattorn or create some.	
Findings: There is normal lumbar lordosis with no subluxation. There are no acute compression deformities. Transvers processes and pedicles are intact. The bony mineralization is normal. Intervertebral disc spaces are preserved.	2	
Impression: 1. Normal lordosis of lumbar spine with no subluxation. 2. No compression deformities.		
		2
I of 2 Examps 0 Submitted, (gen Name) Image: Control of Critical Sign Report Next Image: Control of Critical Sign Report		
	Looped Cancel QA Reject	

If the same patient has multiple studies, we can check the same from the list of exams, click on the next option to go with second case and follow the same.

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Name PELT, JOHN	DOB 1958-06-18	Exam Date 2024-02-01	ID/MRN HF463754142	Accession emi653708159			Images 5					
History: M79.672-PAIN QA: If this is for NG/ determine if this is a note that as well and Gen overread, FL: LEFT	OG placement, ppropriate for f recommend fo CALCANEUS X	note exact locat eeding. If you d llow up imaging	tion of NG/OG so clin to not see NG/OG, pl	ilcian can case		There are no press	et Rapid Texts for this exam type.				add	
osseous encroachment unremarkable. Impression:	adiographic evide upon the sinus t	arsi is present. Th acute fracture or (ne bony mineralization	ler's angle Is within normal is normal. Soft tissues are persistent symptoms, <u>folic</u>			t Mada Tents for the exim type.					
2 of 2 Exams. 1 Submitted. () Previous	Qoen Minuer)	Regati	ive 🔿 Significant 🔿 Cr	itical Sign Report	&			Looped Cano	el QA Reject			

If we have 2 studies, then study count will be 2.

If we have only one study, then study count will be 1.

After opening the report – Follow the 7 steps.

			C 11 1.	
The most im	portant steps	need to be	tollowed in	process are:
The most mi	por carre occepo		101101100111	process are.

- 1. Name matches with the name on Images.
- 2. Order (study) matches with Images.
- 3. Laterality (Right/left) matches with markers (R/L) on images.
- 4. Comparison.
- 5. History/Client comments of patient.
- Age of patient (Old/middle/young age).

7. Read the report before signing off.

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Report body cannot be blank		
DOB Exam Date ID/MRN Accession PELT, JOHN 1958-06-18 2024-02-01 HF463754142 emi653708159	Images 5	
History: M79.672-PAIN IN LEFT FOOT, M54.50-LOW BACK PAIN, UNSPECIFIED		
determine if this is appropriate for feed may not do not see NG/OG please note that as well and recommend follow up imaging to better identify.		
Gen overread. EL+LIIMRAD SDINE 2-3 View		
Technique: Lumbar spine, 3 views	There are no preset Rapid Texts for this exam type. Click the 'add' button to create some.	bbe
Comparison: None.	Crick OTC alone portion of chance partici-	
Findings: There is normal lumbar lordosis with no subluxation. There are no acute compression deformities. Transverse processes and pedicles are intact. The bony mineralization is normal. Intervertebral disc spaces are preserved.		
Impression: 1. Normal lordosis of lumbar spine with no subluxation. 2. No compression deformities,		
		2
1.of 2 Examps, 0 Submitted. (gree Vene) Next Next		
1924		
	Looped Cancel QA Reject	

Once got the dictation from the doctor, paste the report in first monitor by selecting appropriate option given. (i.e.) Negative, significant or critical and sign the report.

Thankyou!