

I. Equipment

- a. Thin barium
- b. Small baby bottle with nipple
- c. 20ml syringe with catheter tip or “Christmas tree” adapter
- d. 8Fr Feeding tube

II. Personnel

- a. Pediatric Radiologist/RA
 - i. Responsible for imaging
- b. Technologist at head
 - i. Responsible for holding patients arms
 - ii. Feeds patient or injects NG tube
- c. Technologist behind control panel to save images (sites that do not have LIH on fluoro tower)

III. Procedure

- a. Patient supine on table
- b. Feed with bottle or syringe when instructed
- c. Initial feeding on left side, then on back

IV. Required images

- a. Chest scout
- b. Watch first swallow for aspiration in lateral projection
- c. Lateral barium filled esophagus
- d. AP barium filled esophagus
- e. Right lateral of duodenum coursing down and back up (true lateral; include spine)
- f. AP of duodenal C-loop
- g. Left Lateral of C-Loop (true lateral; include spine)
- h. 1 minutes intermittent fluoroscopy +/- provocative maneuvers for reflux
- i. AP of stomach, C-Loop, and small bowel

V. Special Considerations

- a. Invert all pediatric films before sending
- b. SBFT- drink additional 2 oz post UGI. Films every 20min. for first hr, every 30min (2nd hr), hourly after 2nd hr. Some Rads may want TI spotted.
- c. Teenage boys c/o dysphagia should be given 13mm barium tablet.
- d. Down’s Syndrome- look for enlarged heart, tracheoesophageal fistula, duodenal web or atresia.

NPO GUIDELINES	
Clear Liquids	2 hrs
Breast Milk	3 hrs
Formula	4 hrs
Solids	8 hrs

Approved by:	James Chang, MD
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