

Radiology Imaging Associates Hospital Fluoroscopy Protocols Date Updated 6.16.2023 Procedure: Upper GI (w/ Air)

- I. <u>Equipment</u> (May vary between sites)
  - a. 1 bottle EZ HD (Thick) (mix with 60mL cold water)
  - b. Liquid E-Z paque (Thin barium)
  - c. EZ Gas II 1 package (open)
  - d. Small medicine cup (fill to approx. 1 tsp. line with water)
  - e. 1 EZ Disk Barium Tablet (when necessary)
  - f. 3 cups / 2 straws
    - i. Cup 1- thick barium
    - ii. Cup 2- thin barium
    - iii. Cup 3- water

## II. Personnel

- a. Radiologist/RA
  - i. Responsible for administering contrast, giving patient instructions, and taking spot images
- b. Hospital Technologist
  - i. Prints order for review by radiologist/RA
  - ii. Documents patient history and pregnancy status prior to exam
  - iii. Assists the radiologist or fluoroscopy technologist during procedure
  - iv. Provides patient with aftercare instructions

## III. Procedure

- a. Scout image
  - i. Upright scout required for patients s/p endoscopy or surgical procedure (within 1 week)
  - ii. Must be acquired on expiration and include bilateral hemidiaphragms
  - iii. To be cleared by radiologist/RA
- b. Esophageal images with patient standing
  - i. LPO and AP, Lateral cervical esophagus (if aspiration suspected or ordered w/ esophagram)
- c. Recumbent imaging
  - i. Single swallow of thin barium to evaluate motility (RAO)
  - ii. Images of stomach and bulb mucosa w/ air and barium
    - 1. RAO- pylorus, duodenal bulb and C-loop barium filled, air filled fundus
    - 2. R. Lateral- air filled fundus, barium filled antrum and c-loop
    - 3. LPO- air filled antrum, bulb, c-loop
  - iii. Reflux check
  - iv. Add lead ruler to field of view for measurement purposes if hiatal hernia present (*include HH measurement in dictation*)
- d. Post exam KUB
- e. Stand table
  - i. 13mm Ba tablet (when necessary)

## IV. Patient Prep

a. NPO after midnight

Approved by:	Keith Dangleis, MD
Role:	Physician Supervisor, RIA Fluoroscopy Technologists