

Barium swallow (Esophagram):

Positions and barium	Images	Purpose
Upright LPO: gulp fizzies and guzzle thick barium	Radiograph: Hi, Mid, and Low air esophagram	Mucosal evaluation
Table flat log roll twice starting towards the left	Optional: LPO stomach	Coat the stomach
Upright Lateral with arm up (sleepwalker)	Radiograph: lateral Stomach	Mucosal evaluation of Cardia
Table flat supine RAO: thin barium with straw, single sip	Fluoro-store: barium esophagram following top of barium column,	Assess primary stripping wave, ? secondary wave. Check for non- peristaltic contractions
Another single sip	Fluoro-store: valsalva when column reaches GE junction	To look for sliding hiatal hernia.
	collapse empty esophagus	mass or ulcerations
Multiple sips thin in a row	Full column distended views of entire esophagus	Strictures and distensibility
<i>Optional:</i> Upright, one large swallow of thick in AP and lateral position:	real images hypopharynx in neutral, EEEE phonation, and cheek puff	Mass or asymmetry of hypopharynx structures
<i>Optional:</i> 1 gulp thin, once in lateral and once in AP	Real rapid sequence images (4/sec)	Aspiration
<i>Optional:</i> Upright LPO: 13 mm barium pill	Fluoro-store: follow pill pass GE junction	Predict dysphagia with solids.
<i>Optional:</i> Overhead attending dependent	RAO stomach, LPO stomach, RAO drinking esophagus.	

Upper GI :

Positions and barium	Images	Purpose
Upright LPO: gulp fizzies and guzzle thick barium	Radiograph: Hi, Mid, and Low air esophogram	Mucosal evaluation
Table flat log roll twice starting towards the left, ending		Coat stomach
Table Flat: Supine	Radiograph whole stomach	Safety shot, mucosal eval
Table Flat: LPO	Radiograph: Antrum and Pylorus of stomach, bonus if air in bulb	Mucosal evaluation
Table flat: RPO	Radiograph: Fundus, Cardia, Ant/Post Walls	Mucosal evaluation
Patient in RPO: slowly tilt table up:	Watch for contrast falling from fundus to body (waterfall view)	Mucosal evaluation
Upright Lateral with arm up (sleepwalker)	Radiograph: lateral Stomach	Mucosal evaluation
Table flat: LPO/LLdecub	Radiograph: duodenal bulb	Mucosal evaluation
Table flat prone RAO: thin barium with straw, single sip	Fluoro-store: barium esophogram following top of barium column,	Assess primary stripping wave, ? secondary wave. Check for non- peristaltic contractions
Table flat prone RAO: Another single sip	Fluoro-store: valsalva when column reaches GE junction	To look for sliding hiatal hernia.
	collapse empty esophagus	mass or ulcerations
Table flat prone RAO: Multiple sips thin in a row	Full column distended views of entire esophagus	Strictures and distensibility
Table flat, position variable	Radiograph: Stomach, bulb, and C-sweep filled with barium	Filling defects
Table flat: left lateral	Radiograph: stomach, bulb and C-sweep filled with air	ulcerations
Table upright: LPO	Fluoro-store: Compression view of Stomach body and antrum and bulb	Ensure folds are compressible.
<i>Optional:</i> Upright, one large swallow of thick in AP and lateral position:	real images hypopharynx in neutral, EEEE phonation, and cheek puff	Mass or asymmetry of hypopharynx structures

<i>Optional:</i> 1 gulp thin, once in lateral and once in AP	Real rapid sequence images (4/sec)	Aspiration
<i>Optional:</i> Upright LPO: 13 mm barium pill	Fluoro-store: follow pill pass GE junction	Predict dysphagia with solids.
<i>Optional:</i> Overhead attending dependent	RAO stomach, LPO stomach, RAO drinking esophagus.	