

DAILY WORK

Check the schedule and read up on patients

- Indication for exam: Is the ordered exam appropriate to answer clinical question? If not, call the ordering physician and suggest alternatives.
 - Check under "Imaging" tab in "Chart Review" to see what the clinician wrote as indication
 - Check "Inpatient" or "Outpatient" progress notes to read more about patient's complaints
 - Check under "Procedures" tab to see if EGD or other procedures were done
- Know the surgical history and relevant anatomy
- Report on any relevant prior images
- Check with Paula/Nancy at front for any add-ons for the day

Requisitions for LP's

- Must call the ordering physician to discuss indication
 - Make sure patient is consentable
 - Make sure there are labs ordered: INR and platelet count prior to procedure, and any CSF analyses they want
- Call Neurorads attending (5-9617) and present the info above to get approval for scheduling the procedure
- Document in eDH:
 - Find the patient under "Patient Station"
 - Click "Encounters" and open "New Encounter"--make it "Orders Only"
 - Under "Order Entry" tab, write future orders for platelets and INR
 - Write a progress note stating that you have spoken to the ordering physician. Document the indication for LP, and write that you ordered the appropriate labs.
- On day of procedure, call Neuro reading room in AM and tell the procedure attending about all the upcoming LP's for the day.
- If the LP is done under anesthesia, will have to go to bedside to consent the patient before they get anesthetized

Requisitions for other studies

- Look up the patient in eDH and determine what the clinical question is, whether the appropriate test was ordered for that question
- Check with attending before accepting the patient

Dictations

- We are responsible for all KUB's on the NORTH Fluoro list that come from MH and DH
- For AVH, WMC, etc, check the daily schedule and read these only if "Telerad" is responsible for them
- Attendings alone are responsible for PICC line reads and OR retained surgical object reads

FLUORO STUDY PROCEDURES

Modified barium swallow:

Super easy. Speech pathology will direct the whole study. Patient is lateral, and will stay in the same place for the whole study. Your only job is to follow the pharynx during all the swallows - turn the camera on when they say to, and turn it off when they say to.

Barium swallow:

See 'How to' in the procedures and methods section of website

Upper GI:

Ditto above

Small bowel follow-through:

Every attending is different, but in general...

-Start the patient lying on L side and take a few big swallows of thin barium. Follow the barium through the esophagus into stomach.

-Turn the patient onto their back and onto R side, and follow the barium through the duodenum and document the ligament of Trietz.

-Have patient continue to sip on the bottle of thin barium and drink as much as they can tolerate. Have tech take intermittent KUB's at 20-30 minute intervals. Occasionally you will go in and take spot films as you push the small bowel around with a paddle to make sure all the loops separate nicely.

-When contrast reaches cecum, go back and palpate the RLQ to document the terminal ileum where it attaches to the cecum.

Enema:

Rectal tube attached to bag of barium. Insert rectal tube, tape the butt cheeks if needed to keep contrast from leaking out, lower/raise the bag to control rate of contrast going in, and take pictures.

SAMPLE DICTATION TEMPLATES (there are templates built into Powerscribe)

Modified Barium Swallow

Technique:

Lateral video fluoroscopy was performed in conjunction with Speech Therapy. Multiple consistencies were used to evaluate swallowing function.

Fluoroscopy time:

Findings:

Normal oral bolus control and transport. Hyolaryngeal elevation and epiglottic inversion are within normal limits. There is no residual or pooling in the pharynx after each swallow. No aspiration or penetration noted with any of the administered consistencies (thin barium, pudding consistency barium, and barium-coated cookie).

Impression:

1. No evidence of aspiration or penetration.
2. Please see separately dictated report by speech pathology for further details.

Barium Swallow

Technique:

Single/double contrast examination performed. A 13 mm barium pill was administered for swallow under fluoroscopic observation.

Fluoroscopy time:

Findings:

The peristalsis, mucosal pattern, and caliber of the esophagus are normal. No hiatal hernia or gastroesophageal reflux noted. Upon limited evaluation of the stomach, the caliber and mucosal pattern are normal. No ulcers or filling defect

Impression:

- 1.

Upper GI Series

Technique:

Single/double contrast examination performed. A 13 mm barium pill was administered for swallow under fluoroscopic observation.

Fluoroscopy time:

Findings:

The peristalsis, mucosal pattern, and caliber of the esophagus are normal. No hiatal hernia or gastroesophageal reflux noted. The caliber and mucosal pattern of the stomach and duodenum are normal. No ulcers or filling defects. The proximal duodenum is normal. No ulcers or filling defects.

Impression:

- 1.

Small Bowel Follow-Through

Technique:

Single contrast examination performed.

Findings:

Scout images: The lung bases are clear. No dilated loops of bowel are seen. Visualized osseous structures are unremarkable.

Small bowel follow-through: Small bowel is of normal course and caliber. Ligament of Treitz is in the usual expected location. Contrast passed easily through the small bowel into the cecum. Transit time was [1-4 hours] which is within normal limits. Loops of small bowel separated easily with palpation. No intrinsic or extrinsic mass lesion identified. No signs of obstruction. The terminal ileum is normal in appearance.

Impression:

Normal small bowel series.

Contrast Enema

Technique:

A rectal tube was inserted without difficulty.

[Barium/gastrografin/etc] contrast was instilled into colon without difficulty.

Findings:

Scout images: Lung bases are clear. No dilated loops of bowel. No bony abnormalities.

Enema study: Contrast flowed freely from the rectum to the cecum with reflux into the terminal ileum. The caliber of the colon appears normal. No masses, polyps, or diverticuli are noted. Scattered filling defects throughout the colon are consistent with retained mucus/fecal material. No evidence of leak or extravasation of contrast.

Impression:

1. S/P [any surgeries]
2. No leak