Upper GI - Pediatrics

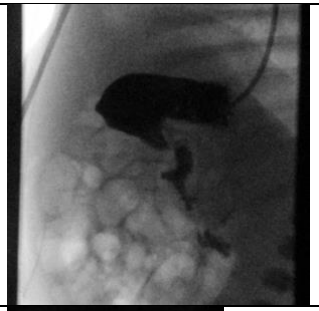
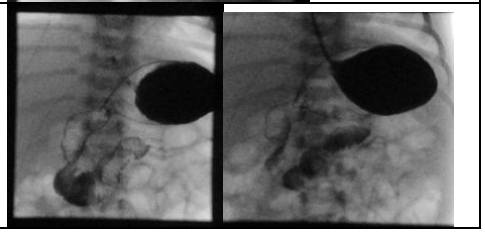
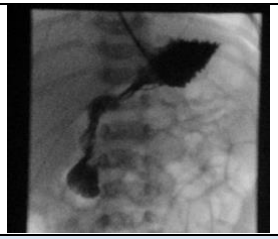
Scout radiograph			
Supine	Fluoro store Only do radiograph if surgery hx	Gross appearance of stomach & bowel	
Positions and barium	**Images**	**Purpose**	
Table flat, L lateral decubitus, Thin barium (Omnipaque if ER or ANY chance child could go to OR *When in doubt use Omni), Inject via NGT or several sips via bottle	Fluoro store esophagus	Esophageal caliber & external impressions	
Table flat, R lateral decubitus	Fluoro store, pylous to 2nd portion of duodenum	To prove that duodenum moves posteriorly to become retroperitoneal	
Table flat, supine	Fluoro store Remaining portions of duodenum to ligament of trietz	To show D3 cross to the left of spine, D4 ascends to level of pylorus. Watch entry into jejunum	

Table flat, supine	Fluoro store frontal esophagus and whole stomach	Esophageal impressions Stomach Caliber and folds	
Optional			
Optional Table flat, L lateral decubitus	Fluoro store DJJ	To ensure the ligament of Treitz/DJJ is retroperitoneal	

Tips

Set table to pulsed fluoro, low rate

Single contrast studies in all kids under 18. (Kids can technically deal with double contrast studies with fizzies over 8 or so, but rarely provides diagnostic info and a high radiation dose).

If Peds GI docs or surgeons want double contrast because they can't scope or for some other reason, OK to do, but this seldom occurs