



Pediatric Fluoroscopy Protocol

G-Tube (FLPUGI)

Preparation: Patient should be NPO-nothing to eat or drink, or by G-tube; according to their age:

*Newborn – 1-1/2 year old: 3 hours NPO

*1-1/2 year old – 4 year old: 4 hours NPO

*4 year old - 6 year old: 6 hours NPO

*6 year old – 10 year old: 8 hours NPO

Anatomy Visualized: G-Tube entry, stomach, pylorus, duodenal bulb, and duodenojejunal junction (DJJ).

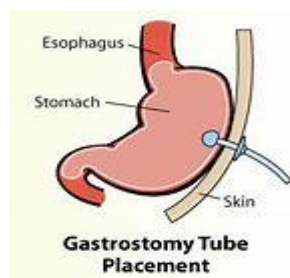
Contrast: These exams will be ordered for different reasons. The type of contrast utilized is determined by the indication for the exam and the history of the patient.

*Consult with the Radiologist

- EZ-Paque Barium Sulfate Powder Oral Suspension 96% (w/ water), Cysto-Conray II - 250ml bottle, or equivalent contrast
- Be sure to document the amount of barium or other contrast used.

****The amount of contrast and the speed at which the contrast is injected or ingested will vary from patient to patient. The parent or caretaker should be asked how much the patient normally takes in and over what period of time. Some children are “bolus fed” (for example: 250ml over 20 minutes). For these children, the amount of contrast should equal one bolus feeding. Other children are on a constant infusion (for example: 80cc per hour around the clock). Generally, these children should be given the amount of contrast that they would normally be fed over one hour.**

UGI-G-Tube:



Procedure:

- Position an anatomical marker on the image intensifier so that it will appear on the Fluoro images. Ensure that the marker does not overlap any anatomy.

The Radiologist is to be consulted and a protocol determined. If the patient takes fluids by mouth and G-tube, the Radiologist may recommend contrast by both mouth and G-tube. The G-tube injection and imaging should be performed initially.

- Explain the procedure to the patient and the parent or caregiver.
 - The patient should start out in the Right Lateral position
 - Using a syringe, contrast is injected into the G-tube, under Fluoroscopy
- 1 image is taken, checking for any leaks around portal
 - As the stomach fills and begins to empty, take 1-2 images of the duodenal bulb and C-loop
 - Document where the G-tube balloon, (if present), is located, relative to the gastric antrum
 - Sometimes the balloon obstructs gastric emptying
 - Have the patient roll supine (AP)
 - Take 1 image of the duodenojejunal junction (DJJ) and sweep
 - Take one image of the stomach
- Document the amount of contrast administered, on the last image
 - If the Radiologist instructed that the patient was to be given contrast by mouth, the patient is placed supine and given a bottle or straw
 - Take at least 2 full esophagus images, screen captures or exposed images

**Once the Radiologist confirms that the exam is complete, flush the G-tube with saline or water.

**Explain to the caregiver that the barium may cause constipation and the Cysto-Conray may cause Diarrhea.

**All images are to be checked by the Radiologist prior to the patient being released.

+Charge for contrast and document amount of barium used in M.I. tech notes.

*Take care to minimize exposure to the patient and imaging team.



Reviewed January 23, 2024