

Barium Enema RD Sheet

Name: _____

Date: _____

Section: _____

GENERAL INSTRUCTION				
INDICATION	3	2	1	0
<ul style="list-style-type: none"> Colitis, Diverticulosis, Neoplasm, Volvulus, Intussusceptions, Polyps 				
CONTRAINDICATION				
<ul style="list-style-type: none"> Perforation, Laceration and Viscous Rupture 				
PATIENT PREPARATION				
<ul style="list-style-type: none"> 2 or 3 days before the procedure patient eats only soft, low-residue food to prevent gas formation. The day before or the night before, patient will be cleansed using cathartics and 8-9 hours NPO Patient is not allowed to smoke or chew gums 				
SIMS POSITION				
<ul style="list-style-type: none"> Instruct patient to turn onto the left side, lean forward and about 35 to 40 degree, and knees are flexed right knee on the table, above and in front of the slightly flexed left knee This position relaxes the abdominal muscles, which decreases intra-abdominal pressure on the rectum. IV stand should be adjusted to 18-24 inches (45-60cm) above the level of the anus. During exhalation phase of a deep breath the rectal tube is inserted gently. 				
CONTRAST MEDIA USED				
<ul style="list-style-type: none"> Barium Sulfate 12 % - 25% weight / volume – Single contrast Barium Sulfate 75% - 95% weight / volume – Double contrast 				
RECTOSIGMOID AREA (AP POSTION)				
POSITION AND FILM USED	3	2	1	0
<ul style="list-style-type: none"> Patient is in supine AP position the MSP of the patient is in line with MSP of the table, hands at the sides. Instill 500ml of barium then clamp. Film used is 10x12cm Crosswise SID at 40" 				
CENTRAL RAY				
<ul style="list-style-type: none"> 5-7 cm above the level of the pubic symphysis and directed perpendicular to the midpoint of the film. Approximately 1.5" at the level below the ASIS or the level of the greater trochanter. 				
STRUCTURE SHOWN				
<ul style="list-style-type: none"> Barium filled AP view of the Rectum & Sigmoid should be included. Rectum should not be rotated or superimposed. 				
TOTAL				

REMARKS: _____

INSTRUCTOR: _____

Legend: 3 = completely performed and knowledge is present, 2 = partially performed and knowledge is limited, 1 = limited skill & knowledge, 0 = did not perform

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CONTRAST MEDIA USED				
<ul style="list-style-type: none"> Barium Sulfate 12 % - 25% weight / volume – Single contrast Barium Sulfate 75% - 95% weight / volume – Double contrast 				
AFTER CARE				
<ul style="list-style-type: none"> Advice patient to drink lots of water If possible advice patient to have a cleansing enemas or laxative 				
INSTILL THE REMAINING BARIUM UNTIL 500ML REMAINED				
RECTOSIGMOID AREA (LATERAL POSITION)				
POSITION AND FILM USED	3	2	1	0
<ul style="list-style-type: none"> Patient is in supine Lateral position the MCP of the patient is in line with MSP of the table, hands towards the head for comfort. Both knees should be flexed, provide support so that patient's position will not be rotated. Film used is 10x12cm lengthwise SID at 40" 				
CENTRAL RAY				
<ul style="list-style-type: none"> 5-7 cm above the level of the pubic symphysis and directed perpendicular to the midpoint of the film. Approximately 1.5" at the level below the ASIS or the level of the greater trochanter in the midaxillary plane 				
STRUCTURE SHOWN				
<ul style="list-style-type: none"> Barium filled Lateral view of the Rectum & Sigmoid should be included. Rectum should not be rotated or superimposed. 				
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CONTRAST MEDIA USED				
<ul style="list-style-type: none"> Barium Sulfate 12 % - 25% weight / volume – Single contrast Barium Sulfate 75% - 95% weight / volume – Double contrast 				
AFTER CARE				
<ul style="list-style-type: none"> Advice patient to drink lots of water If possible advice patient to have a cleansing enemas or laxative 				
RPO of patient should be established so that the barium will fill the ascending colon				
AP FULL BARIUM/SINGLE CONTRAST STUDY				
POSITION AND FILM USED	3	2	1	0
<ul style="list-style-type: none"> Patient is in supine AP position the MSP of the patient is in line with MSP of the table, hands at the sides. Barium is instilled up until 500ml of barium remains in the container. Film used is 14x17cm lengthwise SID at 40" 				
CENTRAL RAY				
<ul style="list-style-type: none"> At the level of the L4 or at the level of the iliac crest 				
STRUCTURE SHOWN				
<ul style="list-style-type: none"> An entire colon filled with contrast media should be demonstrated including the flexure and the rectum. 				
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CONTRAINDICATION				
Perforation, Laceration and Viscous Rupture				
7-PUMP METHOD BY MILLER				
<ul style="list-style-type: none"> 7 pumps, left lateral position 7 pumps, LAO position(left PA-oblique) 7 pumps, prone position 7 pumps, RAO position 7 pumps, right lateral position 7 pumps, RPO position +7 pumps, supine position 				
CONTRAST MEDIA USED				
<ul style="list-style-type: none"> Barium Sulfate 12 % - 25% weight / volume – Single contrast Barium Sulfate 75% - 95% weight / volume – Double contrast 				
AFTER CARE				
<ul style="list-style-type: none"> Advice patient to drink lots of water If possible advice patient to have a cleansing enemas or laxative 				
AP DOUBLE CONTRAST STUDY				
POSITION AND FILM USED	3	2	1	0
<ul style="list-style-type: none"> Patient is in supine AP position the MSP of the patient is in line with MSP of the table, hands at the sides. Film used is 14x17cm lengthwise SID at 40" 				
CENTRAL RAY				
<ul style="list-style-type: none"> At the level of the L4 or at the level of the iliac crest 				
STRUCTURE SHOWN				
<ul style="list-style-type: none"> An Entire colon filled with positive and negative contrast media should be demonstrated including the flexures and the rectum. 				
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PATIENT PREPARATION				
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CONTRAST MEDIA USED				
<ul style="list-style-type: none"> Barium Sulfate 12 % - 25% weight / volume – Single contrast Barium Sulfate 75% - 95% weight / volume – Double contrast 				
AFTER CARE				
<ul style="list-style-type: none"> Advice patient to drink lots of water If possible advice patient to have a cleansing enemas or laxative 				
Right and Left markers should indicate which decubitus is being visualized.				
RIGHT/LEFT LATERAL DECUBITUS				
POSITION AND FILM USED	3	2	1	0
<ul style="list-style-type: none"> Patient is in a lateral position both knees are flexed, hands towards the head for comfort. Body is elevated with pillows or body foam wedge. Film used is 14x17cm lengthwise SID at 40” 				
CENTRAL RAY				
<ul style="list-style-type: none"> Horizontal central ray towards the level of the L4 or at the level of the iliac crest 				
STRUCTURE SHOWN				
<ul style="list-style-type: none"> Best demonstrate the “up”, medial side of the ascending colon and the lateral side of the descending colon, when the colon is inflated with air. (right lateral decubitus) Best demonstrate the “up”, medial side of the descending colon and the lateral side of the ascending colon, when the colon is inflated with air. (left lateral decubitus) Area from the flexure to the rectum should be demonstrated The air-inflated portion of the colon is of primary importance and should not be over-penetrated. 				
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AFTER CARE				
<ul style="list-style-type: none"> Advice patient to drink lots of water If possible advice patient to have a cleansing enemas or laxative 				
Provide grid for the cassette				
VENTRAL DECUBITUS/CROSS TABLE OF THE RECTUM				
POSITION AND FILM USED	3	2	1	0
<ul style="list-style-type: none"> Patient is in prone position MSP of the body is in line with the MSP of the table, hands towards the head for comfort Film used is 10x12cm lengthwise/crosswise SID at 40" 				
CENTRAL RAY				
<ul style="list-style-type: none"> 5-7 cm above the level of the pubic symphysis and directed perpendicular to the midpoint of the film. Approximately 1.5" at the level below the ASIS or the level of the greater trochanter in the midaxillary plane 				
STRUCTURE SHOWN				
<ul style="list-style-type: none"> A cross table view of the recto sigmoid area Demonstrate the air-fluid level of the recto sigmoid area 				
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AFTER CARE				
<ul style="list-style-type: none"> Advice patient to drink lots of water If possible advice patient to have a cleansing enemas or laxative 				
Chassard-Lapine method must be described as an optional method.				
ANGLE PRONE/PA AXIAL POSITION				
POSITION AND FILM USED	3	2	1	0
<ul style="list-style-type: none"> Patient is in prone position MSP of the body is in line with the MSP of the table, hands towards the head for comfort Film used is 10x12cm or 11x14cm lengthwise SID at 40" 				
CENTRAL RAY				
<ul style="list-style-type: none"> Center the CR towards the midline of the body with an angulation of 30-40⁰ caudad and exits towards anterior superior iliac spines. 				
STRUCTURE SHOWN				
<ul style="list-style-type: none"> Rectosigmoid must not be superimposition 				
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