

Modified Barium Swallow Technologist Worksheet

St Vincents Riverside Southside Clay St Johns

Patient Name: _____ MMI: _____ Age: _____

History/Symptoms: _____ Radiologist/RA: _____

Pain? If so, where? _____

| | | | |
|------------------------|-------------------------|-------------------------|------------------------|
| Difficulty Swallowing | Nausea / Vomiting | Gastroesophageal Reflux | Blood in Stools |
| Liquids Solids | Vomiting Blood | Cough | Change in Bowel Habits |
| Things Stick in Throat | Constipation / Diarrhea | Aspiration | Early Satiety |

| Consistency | Penetration | | | Aspiration | | Residual | | | |
|-------------|-------------|-------|------|------------|-----|----------|------|----------|--------|
| | None | Flash | Deep | No | Yes | V / P | mild | moderate | severe |
| Thin | None | Flash | Deep | No | Yes | V / P | mild | moderate | severe |
| Nectar | None | Flash | Deep | No | Yes | V / P | mild | moderate | severe |
| Honey | None | Flash | Deep | No | Yes | V / P | mild | moderate | severe |
| Pudding | None | Flash | Deep | No | Yes | V / P | mild | moderate | severe |
| Solid | None | Flash | Deep | No | Yes | V / P | mild | moderate | severe |
| Applesauce | None | Flash | Deep | No | Yes | V / P | mild | moderate | severe |

Findings: _____

| | | |
|--------------|---------------------|----------------------------|
| Tech's Name: | Fluoro Time/Images: | DAP / Kerma / PSD (units): |
|--------------|---------------------|----------------------------|