

Updated 3/2012



Patient Care Provider,

Due to the increased demand for Modified Barium Swallow studies, our appointment wait time has grown to a challenging level. In order to better serve your patients, we are providing you with some important information on a new process for ordering a Modified Barium Swallow (MBS).

The documents “Clarification between an MBS and Esophagram” and “MBS vs. Esophagram” are quick reference guides to assist practitioners in deciding which of these two studies is indicated. If your office did not receive laminated copies in the past, please contact me, and I will be glad to get that to you.

You will also find the document entitled “Case History and Order Form.” Providing case history information will allow our staff to optimally prepare for your patient’s Modified Barium Swallow study. **The case history form now also contains the order.** The questions on the case history form are now the same that will be asked when you call to schedule the test. Please fax this form to (717) 851-6203 for studies at York Hospital and (717) 812-3701 for studies at Apple Hill Imaging Center at the time of scheduling a study with imaging.

This document can also be found on our website at [www.wellspan.org](http://www.wellspan.org). Click “Imaging Sites” on the top bar, then “Information for Physicians.” The document entitled “Modified Barium Swallow vs. Esophagram” contains the same information in this packet. The document entitled “Case History and Order Form for Modified Barium Swallow” contains only the case history/order form.

To schedule an MBS appointment, your office personnel should continue to call (717) 851-2568. Please inform them to be prepared to answer the questions listed on the case history form.

With your assistance, we will be better able to serve the needs of your patients in a timely and appropriate manner.

Please call (717) 851-2380 to speak with one of our Speech-Language Pathologists if you have any questions.

Thank you,

Kelly Birzes, M.A., CCC-SLP  
WellSpan Rehabilitation  
(717) 851-2380

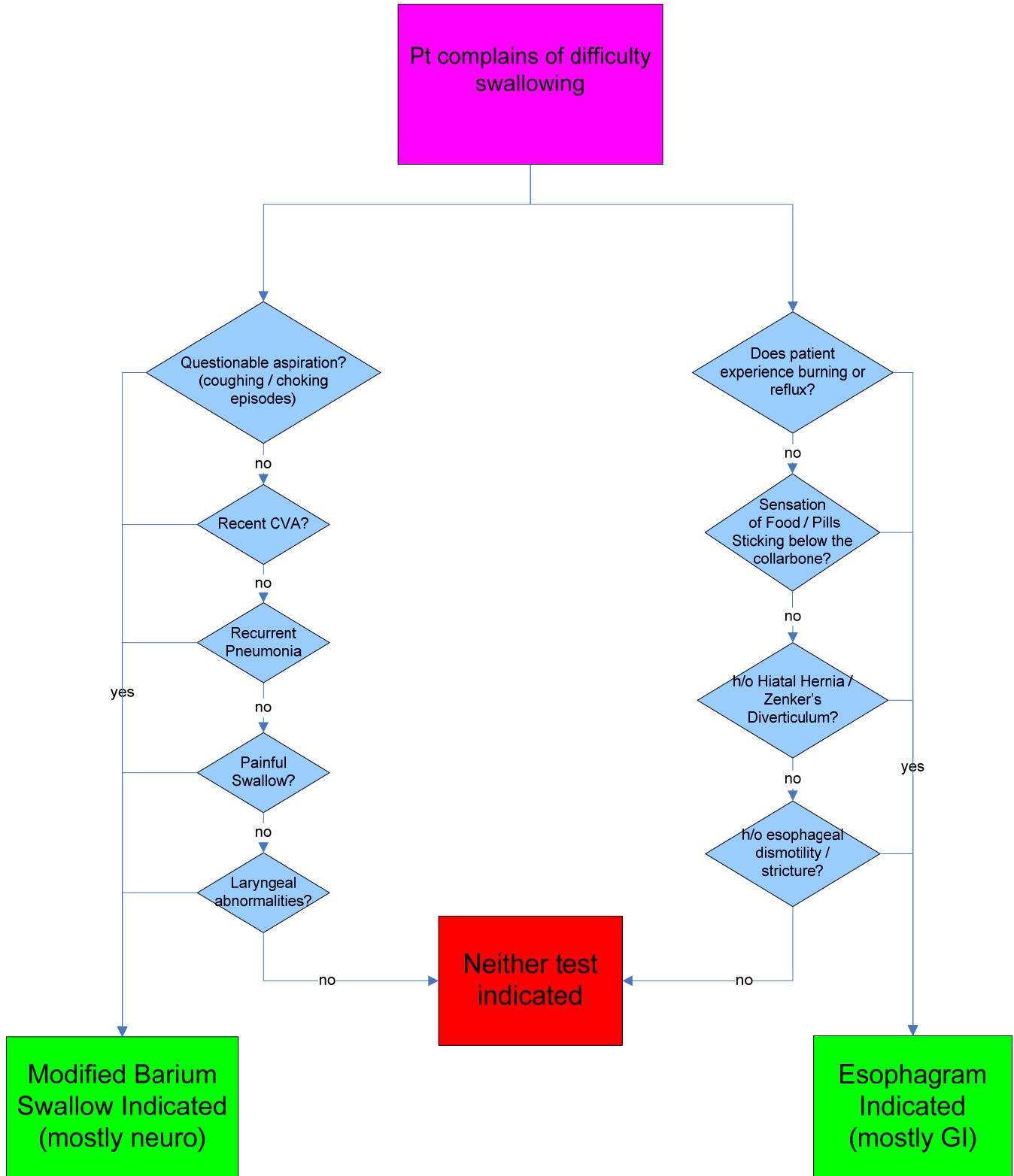
## Clarification between an MBS & Esophagram

<b>Modified Barium Swallow Study</b>	<b>Esophagram</b>
<p><b><u>Clinical Indications:</u></b></p> <ul style="list-style-type: none"> <li>• Oral and pharyngeal dysphagia</li> <li>• Food sticking in the oropharynx</li> <li>• Laryngeal abnormalities</li> <li>• Odynophagia (painful swallow)</li> <li>• CVA</li> <li>• Questionable aspiration</li> <li>• Recent recurrent pneumonia &amp; right lower lobe infiltrates</li> <li>• Progressive neurological diseases</li> </ul>	<p><b><u>Clinical Indications:</u></b></p> <ul style="list-style-type: none"> <li>• Food sticking below the collarbone</li> <li>• Hiatal Hernia</li> <li>• Zenkers Diverticulum</li> <li>• Possible esophageal stricture</li> <li>• Possible esophageal dismotility</li> <li>• Questionable perforation</li> <li>• Possible mass</li> <li>• Reflux/ laryngopharyngeal reflux</li> <li>• Screen for esophageal CA</li> </ul>
Food tray – Various solid and liquid consistencies impregnated with barium contrast	Liquid barium
Performed by Speech Pathology & Radiology	Radiology only
No preparation	NPO for 2 hours prior
Evaluates the oral & pharyngeal stages of swallowing	Evaluates the entire esophagus

\*\*\*For questions, please call (717) 851-2380 between 8:00am and 4:30pm to speak to one of our Speech-Language Pathologists.\*\*\*

# MBS vs. Esophagram

2/7/2012



# Case History and Order Form

## Modified Barium Swallow (MBS)

- This form is to be completed and faxed **immediately after scheduling an MBS** to provide the Speech Pathologist performing the study with adequate history prior to patient's arrival.
  - For studies at York Hospital, please fax to: (717) 851-6203
  - For studies at Apple Hill Imaging Center, please fax to: (717) 812-3701

Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Facility: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

	Yes	No
Is the patient under the age of 15?		
Does the patient require special feeding tools or equipment?		
Is the patient over 300 pounds?		
Does the patient complain of food sticking below the collarbone?		
Does the patient have burning or reflux?		

History of present illness: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

Indication for MBS:  Dysphagia  CVA  Globus sensation  Odynophagia  
 Laryngeal abnormalities  Inhalation of food/vomit

What is the patient's current diet consistency?

Solid:       Regular       Soft       Fine-chopped       Puree  
Liquid:     Regular/thin     Nectar-thick     Honey-thick  
Non-oral:  PEG/PEJ       NGT               TPN

Is the patient receiving swallowing therapy?     Yes     No    If Yes, please explain:

\_\_\_\_\_

Does the patient utilize any safe swallowing and/or compensatory strategies during meals?

Yes     No    If yes, please explain: \_\_\_\_\_

Did the patient have a recent MBS?     Yes    *date*: \_\_\_\_\_     No

If yes, what were the results? \_\_\_\_\_

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_