



Videofluoroscopic Swallowing Study (VFSS) Referral Form

Speech Pathology Department - Royal North Shore Hospital

Email: NSLHD-RNS-SpeechPathology@health.nsw.gov.au Phone: 9463 1622

What is a Videofluoroscopic Swallowing Study?

A VFSS (or modified barium swallow) is a dynamic videofluoroscopic assessment of a patient's oropharyngeal swallowing function. It assesses function and supports in diagnostics of dysphagia to guide best management with objective information. This is in contrast to a barium swallow which assesses oesophageal function.



Why conduct a VFSS?

- To define abnormalities in the oropharyngeal anatomy and/or physiology relating to symptoms of dysphagia;
- To identify and evaluate treatment strategies, manoeuvres, and/or modification of food/fluids, that may immediately enable the patient to eat/drink safely and efficiently;
- To evaluate the presence and reason for aspiration;
- To gain further information to guide swallowing management, following a speech pathology clinical assessment.

What are the contraindications for VFSS?

- Suspected oesophageal abnormalities without oropharyngeal difficulties;
- Unable to maintain alertness for > 20 minutes;
- Unable to maintain adequate head & postural control in a sitting position, or bed-bound;
- Inability to cooperate with study (e.g. lacking insight, severe agitation, reduced level of alertness/drowsy or significant cognitive limitation);
- No prior speech pathology assessment;
- Clinical management is unlikely to change following the VFSS.

Referral Process

Referrals including completed paperwork should be forwarded to:

- Speech Pathology Department, ASB Building, Ambulatory Care, Royal North Shore Hospital, Reserve Road, St Leonard's NSW 2065 **OR**
- NSLHD-RNS-SpeechPathology@health.nsw.gov.au
- For clinical enquiries (including suitability of referral) please contact the Speech Pathology Department on 9463 1622.

Wheelchair Measurements

Any wheelchair that exceeds these measurements will not be suitable for the examination. **Arm rests must be completely removable.**



Videofluoroscopic Study of the Swallowing

Referrer Checklist


1. Contact managing medical officer and request referral for VFSS study.
2. Explain the procedure to the patient and obtain informed consent.
3. Complete and send this paperwork via mail, fax or e-mail. Once paperwork is received, the patient will be triaged and you will be contacted to book the patient into clinic.
4. Arrange for patient to be transported to Radiology Department, Royal North Shore Hospital on provided date.

Patient Name:		MRN:	
Address:		DOB and age:	
Allergies:			
Infections e.g. MRSA etc			
Referrer name:		Telephone number:	
Email:		Facility:	
Managing medical officer name and contact details:			
Interpreter needed?	<i>Y/N and language. Has this been booked?</i>		
Medical and Social History:			
Premorbid function: <i>Usual diet and fluids. Usual communication/ cognition function</i>			
Clinician/family member/carer to attend?	<i>Y/N – contact details</i>		
Reason for VFSS: <i>What question are we trying to answer that cannot be answered at bedside? Please contact to discuss as required</i>			
Current function: <i>Swallowing/communication/ cognition</i>			
Cranial nerve / bedside assessment			
Speech pathology hypothesis of dysphagia breakdown:			
Current mobility <i>Patient must be transferred to VFSS chair</i>	<input type="checkbox"/> Min Assist 1-2: should arrive in wheelchair <input type="checkbox"/> Assistance with Sara Steady or additional equipment – to arrive on bed <input type="checkbox"/> If own wheelchair, arm rests must be removable and width less than 58cm (see previous page) If issues with head control or sitting balance, please call to discuss.		

Radiology Request Form

PDF expires 1 March 2019

U4RA(RNS)

 Health Northern Sydney Local Health District	FAMILY NAME		MRN			
	GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
D.O.B. / /		M.O.				
Facility: COM HKH MAN MQE MV RNS RYD						
<h2>RADIOLOGY REQUEST</h2>						
				ADDRESS		
				M/C		PH
				LOCATION / WARD		ADM / /
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE						
		Contact Numbers	Referred To			
Royal North Shore						
General Enquiries		Ph 9926 4400 Fax 9926 4099	Dr Blome et al			
CT		Ph 9926 4455				
MRI		Ph 9926 4444 Fax 9926 4098				
Ryde Hospital						
General Enquiries		Ph 9858 7610 Fx	Drs Gunn; Perry, Steinberg, Solomons, et al			
The patient is free to use this request at any radiology practice						
<input type="checkbox"/> General X-ray <input type="checkbox"/> Theatre <input type="checkbox"/> Mobile <input type="checkbox"/> CT # <input type="checkbox"/> Ultrasound		<input type="checkbox"/> Angiography # <input type="checkbox"/> Interventional # <input type="checkbox"/> Fluoroscopy <input type="checkbox"/> Mammography <input type="checkbox"/> MRI #				
Telephone Booking times are required for all special procedures. # Requires completed IV Contrast Consent & Questionnaire OR Procedural Consent or MRI Questionnaire prior to booking!		Ward/Clinic Address:	For Private Patients: Medicare No: Financial Class:			
		Phone:	MO/GP (Print Name)			
Examination						
Clinical Information:						
		Pregnancy Check	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		Infection Risk	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:			
		Known Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:			
		eGFR For IV CT, MRI, Angio & Intervention				
Previous Imaging: (Last 12 months) Please ask patient to bring old films		Interventional INR/platelets				
Referring Specialist Name		Contact Number				
Provider Number		Fax No				
Requesting MO Name		Signature				
Pager No		Date: / /				
Radiographer Section (Additional Radiographer clinical history / CPCPCS documentation)						
		CPCPCS Check: <input type="checkbox"/> Correct Patient <input type="checkbox"/> Correct Procedure/Examination <input type="checkbox"/> Correct Site				
Radiographer Signature		Date: / /				



REF08219B

Holes punched as per A52828-2012
 BINDING MARGIN - NO WRITING

RADIOLOGY REQUEST

FEB18/V1

Location and Directions

Clinic Times: Thursday mornings 9:00-11.00 (30 minute time slots)

Location: Royal North Shore Hospital, Level 2 ASB Building, Medical Imaging Department, Reserve Road, St Leonard's NSW 2065

Speech Pathology Tel: 9463 1625

Medical Imaging Tel: 9466 - 4400

Your New Royal North Shore Hospital

Visitor Map

T: (02) 9926 7111 Reserve Road, St Leonards NSW 2065

Reserve Rd North best for main car park

Your new RNSH opens from October 2012. Check with your healthcare team—your next appointment may be in the new building. Emergency Department moves to the new building on 2 November 2012. There is no change to our phone number.

From 16 October 2012, to get to:

- New Main Entry use Westbourne St
- Patient & visitor drop-off & pickup use Westbourne St
- New Emergency Dept use Reserve Road
- Douglas Building use Reserve Road
- Maternity, Birthing use Reserve Road
- New Transit Lounge use Reserve Road
- Main car park—use Westbourne St or Reserve Road North
- St Leonards Station use Reserve Rd
- Loading Dock (all couriers & deliveries) use Herbert St.

KEY

- + Emergency
- i Main Entry
- P Parking
- ♿ Disabled parking
- 🚶 Pedestrians
- ⋯ To Main Entry
- ⋯ To Emergency
- 🚌 Bus Route 144
- 🚗 Taxi
- 🚆 Train
- 🚶 Lift to trains

Westbourne St best for Main Entry drop-off, meter parking and main car park

P

Parking fees apply at RNSH. Please check signs for fees and time limits. Disabled parking permit must be displayed if parking in a disabled bay.

+ Reserve Rd best for Emergency, Douglas Building & Transit Lounge

RNSH 9926 7111 **Public Transport 131 500**