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:

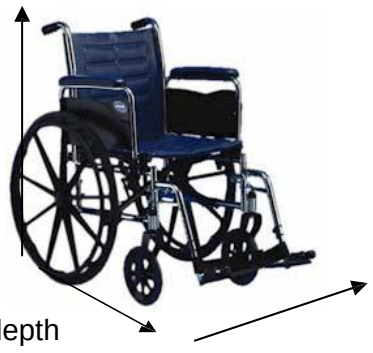
- Speech Pathology Department, ASB Building, Ambulatory Care, Royal North Shore Hospital, Reserve Road, St Leonard's NSW 2065

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 (with or without attachments) that exceeds these measurements will not be suitable for the examination.



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			
Inpatient or outpatient?			
Referrer name:		**Telephone number:**	
Email:		**Facility:**	
Managing medical officer name and contact details:			
Would you like copy of the images?		Yes/No	
Reason for referral/swallowing concerns			
Medical and Social History:			
Premorbid function: *Usual diet and fluids. Usual communication/ cognition function*			
Interpreter needed?	*Y/N – language*		
Clinician/family member/carer to attend?	*Y/N – contact details*		
Reason for VFSS: *What question are we trying to answer that cannot be answered at bedside?*			
Current function: *Swallowing/communication/ cognition*			
Cranial nerve assessment impairments			
Speech pathology hypothesis of dysphagia breakdown:			
Current mobility /transfers/ head control			

Radiology Request Form

PDF expires 1 March 2019

U4RA(RNS)

NSW GOVERNMENT Health
Northern Sydney Local Health District

Facility: COM HKH MAN MQE MV RNS RYD

RADIOLOGY REQUEST

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. / /	M.O.
ADDRESS	
	PH
M/C	FIN
LOCATION / WARD	ADM / /

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

	Contact Numbers	Referred To
Royal North Shore		
General Enquiries CT MRI	Ph 9926 4400 Fax 9926 4099 Ph 9926 4455 Ph 9926 4444 Fax 9926 4098	Dr Blome et al
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		

☐ General X-ray ☐ Theatre ☐ Mobile ☐ CT # ☐ Ultrasound	☐ Angiography # ☐ Interventional # ☐ Fluoroscopy ☐ Mammography ☐ MRI #	Ward/Clinic Address: Phone:	**For Private Patients:** Medicare No: Financial Class: **MO/GP** (Print Name)

Telephone Booking times are required for all special procedures.
Requires completed IV Contrast Consent & Questionnaire OR Procedural Consent or MRI Questionnaire prior to booking!

Examination
Clinical Information:

Pregnancy Check	☐ Yes ☐ No ☐ N/A
Infection Risk	☐ Yes ☐ No Details:
Known Allergies	☐ Yes ☐ No Details:
eGFR For IV CT, MRI, Angio & Intervention	
Interventional INR / platelets	

Previous Imaging: (Last 12 months)
Please ask patient to bring old films

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:
☐ Correct Patient
☐ Correct Procedure / Examination
☐ Correct Site

Radiographer Signature ..... Date: / /

REF08219B

Holes punched as per AS2828 - 2012

BINDING MARGIN – NO WRITING

RADIOLOGY REQUEST

FEB18/V1

NO WRITING OUTSIDE BORDER

CATALOGUE NUMBER NS08219B

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