

Gastric emptying

Worksheet template



Name of patient: DOB:

MRN: Date of Study:

Patient height: Patient Weight:

Preparation

Patient last ate: BSL pre-meal (if diabetic): Time:

Medication/s stopped:

Note: The amount of calories in a milk/formula liquid meal should be reported here:

Start Eating (hh:mm): Finish Eating (hh:mm):

Image	Expected start time (hh:mm)	Actual start time (hh:mm)	% Retention
0 min			
60 min			
120 min			
240 min			

Did the patient eat the whole meal? (Please tick) No Yes

Did the patient experience any symptoms?

Name of clinician completing form:

Signed: Date:

DOSE STICKER