

# VIDEO-LARYNGEAL ENDOSCOPY/FIBRE-OPTIC ENDOSCOPIC EVALUATION OF SWALLOWING CHECKLIST

SIGN IN <i>To be completed by the individual conducting the procedure prior to insertion of scope</i>	TIME OUT <i>To be read out loud by the therapist/assistant before invasive part of procedure is commenced</i>	SIGN OUT <i>To be read out loud by the therapist/assistant before anyone leaves the procedural area</i>
<input type="checkbox"/> ENT Consultant or ward medic <i>and</i> patient's nurse notified that FEES/VLE will be taking place.	<input type="checkbox"/> Confirm the operator is wearing gloves and gown after hand-washing.	<input type="checkbox"/> Confirm scope has been removed.
<input type="checkbox"/> Confirm patient identity and procedure. <input type="checkbox"/> Pre-scoping pro-forma completed. <input type="checkbox"/> Oxygen and suction are available and working.		Is nasal bleed present? <input type="checkbox"/> No <input type="checkbox"/> Yes, action taken:
<b>Check consent form completed:</b> <input type="checkbox"/> Written <input type="checkbox"/> Unable, document best interest decision	<input type="checkbox"/> Confirm that lubricant gel applied and steret has been used on tip of scope.	<input type="checkbox"/> Confirm gloves and gown removed.
<b>Is the patient on medication that may cause bleeding?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:		<input type="checkbox"/> Confirm hands have been washed.
<b>Does the patient have a known allergy?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:		
<input type="checkbox"/> Examination of the nasal passages and sniff test performed to confirm best nostril for insertion.	<input type="checkbox"/> Confirm patient positioned appropriately.	<input type="checkbox"/> Confirm feedback of initial findings of the examination have been provided to the patient.
<b>Confirm operator appropriately:</b> <input type="checkbox"/> Trained OR <input type="checkbox"/> Supervised AND <input type="checkbox"/> Qualified staff/trained assistant present		<input type="checkbox"/> Confirm nasal passage prepared with lidocaine/xylocaine spray if required.
<input type="checkbox"/> Confirm decontamination with 3 step Tristell wipes completed.		
<input type="checkbox"/> Confirm decontamination form and log book for scope traceability has been completed.		
<input type="checkbox"/> Confirm it is safe to proceed with procedure.		
AFFIX BAR CODED PATIENT LABEL HERE	<b><u>Signatures and printed name</u></b> Operator: _____ Date: _____ Therapist/Assistant: _____ Time: _____ Supervisor: _____ Location: _____	
		Specialty Documents 

# VIDEO-LARYNGEAL ENDOSCOPY/FIBRE-OPTIC ENDOSCOPIC EVALUATION OF SWALLOWING CHECKLIST

This **LocSSIP** applies to all Video-Laryngeal Endoscopy (VLE) and Fibre-optic Endoscopic Evaluation of Swallowing (FEES) undertaken in CDDFT by Speech and Language Therapist (SLT). Procedures conducted by ENT doctors are not covered by this procedural checklist.

## **Must-do procedural steps**

### **SIGN-IN**

1. The SLT **must** ensure that either an ENT Consultant or ward-based doctor and the patient's nurse are aware the patient is about to be 'scoped' in case of an adverse reaction or complication during scoping. **In the event of a complication, the ENT Consultant/Consultant Anaesthetist and/or 'CRASH' Team should be contacted.**
2. The identity of the patient **must** be checked to ensure the correct patient is about to be scoped. The pre-scoping pro-forma should be completed to identify if the patient is at increased risk of nasal bleed or other adverse effects and where appropriate for other instrumental assessments to be considered instead. Medications that may increase risk of bleeding **must** be documented on the pro-forma as well as any known allergies. Where allergies are present it may be preferable not to use nasal anaesthetic spray depending on patients' wishes. Examination of best nasal passage/sniff test will help to identify best nostril to pass scope. To ensure prompt management of complications, oxygen and suction **must** be available and confirmed to be working prior to conducting the procedure. Where food and/or liquid are given during FEES examination, suction equipment should be available nearby. All complications **must** be entered as an incident on Safeguard of the appropriate impact grade.
3. To ensure compliance with best practice written consent **must** be obtained where possible or, where the patient is unable to consent, the SLT will document that it is in the best interest of the patient. Insertion **must** only be carried out by trained, competent operators familiar with LocSSIP principals and checklist. Both operator and assistant **must** be present through the procedure and **must** not undertake any other duties during insertion.
4. 3-step Tristell wipe decontamination process **must** be completed to ensure scope has been decontaminated and the tag number of the scope **must** be recorded in the logbook prior to use to ensure traceability.

### **TIME-OUT**

1. The operator **must** wear gloves and gown after hand-washing to comply with infection control policy.
2. Lubricant **must** be applied to the tip of the scope to ease passage of the scope through the nostril. The tip of the scope will be cleaned with gauze to ensure a clear image.
3. Nasal anaesthetic spray will be used where the patient is anxious or has large turbinates in order to ease passage of scope. Use of spray will be avoided for FEES where possible as it can anaesthetize the pharynx impairing swallowing function.

### **SIGN-OUT**

1. When the scope is removed from the patients' nostril, any bleeding will be documented on the pro-forma. If bleeding noted and does not stop notify nurse/medic on the ward. Should the operator or assistant have any comments or feedback this **must** be discussed between the two individuals before leaving the procedural area. Should either the operator or assistant have concerns then these should be raised with a senior member of the respective clinical team.
2. Once gloves and gown are removed, the operator **must** wash hands to comply with infection control policy.
3. Feedback findings to patient and medical team and complete report recording the outcome of the examination with recommendations in medical notes.

Associated guidelines: Clinical Specialist Services Area LocSSIP describing all NatSSIP principals which apply to this invasive procedure and checklist.