FEES - Fibreoptic Endoscopic Evaluation of Swallowing UHL Policy

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Trust Lead: Hannah McQueen, Clinical Lead Speech and Language Therapist (Stroke)
TBC New appointment start date 29/4/19 – Rizwana Zaman. Adult Speech and Language Therapy Team Leader
Board Director Lead: Medical Director
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Next Review Date: February 2023
**INTRODUCTION AND OVERVIEW**

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trust’s Policy and Procedures for Fibreoptic Endoscopic Evaluation of Swallowing (FEES) carried out by Speech and Language Therapists (SLTs).

**POLICY SCOPE – WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS**

2.1 This policy applies to SLTs who have achieved or are working towards competencies in Fibreoptic Endoscopic Evaluation of Swallowing (FEES), who are employed by, or working on behalf of Leicestershire Partnership Trust (LPT) and working in UHL as a contracted professional service.

2.2 It applies to ENT clinicians supporting with scoping for FEES.

2.3 The policy applies to adult inpatients or outpatients at UHL who have been referred to SLT by the medical team and have been identified as having a dysphagia following a clinical swallowing assessment (CSE) by SLT and requiring instrumental swallowing...
assessment to support dysphagia management. The patient must not be subject to any contraindications for FEES listed in Section 5.2.

2.4 The FEES service is offered to appropriate stroke and neurology inpatients, and appropriate head & neck cancer patients.

FEES can be used in Stroke, Neurology, General Medical Wards (Gerontology/dementia) and ITU. Please refer to the Policy for Management of Inpatient Oro-pharyngeal Dysphagia (B9/2014) and UHL assessment and management of oropharyngeal dysphagia on patients in the critical care and high dependency units (C34/2007)

3 DEFINITIONS AND ABBREVIATIONS

Dysphagia is a term meaning difficulty with swallowing.

ENT refers to the Ear, Nose and Throat clinical specialty.

Fibreoptic Endoscopic Evaluation of Swallowing (FEES) is the insertion of a fibre optic endoscope through the nose, to the level in the pharynx just below the soft palate. This assessment enables evaluation of the structures, and ability to swallow food and liquids.

Royal College of Speech and Language Therapists (RCSLT) is the governing body for Speech and Language Therapists in the UK

4 ROLES – WHO DOES WHAT

4.1 Trust Lead: The Clinical Support and Imaging (CSI) Clinical Management Group (CMG) Director is the executive lead for this policy.

4.2 Medical Lead: The ENT Lead Consultant is responsible for reviewing the policy and practice, assisting with training and providing second opinions.

4.3 SLT Team Leader in UHL is responsible for ensuring that the service is suitably structured and that staff have access to appropriate training and supervision and are aware of this policy.

4.4 SLT Clinical Leads in UHL are responsible for monitoring changes in the evidence base and national policy regarding this procedure and updating practice as required.

4.5 FEES-competent SLTs are responsible for maintaining the competencies associated with this procedure and following the policy
5. **Policy Implementation and Associated Documents—What to Do and How to Do It**

This section taken from RCSLT FEES Position Paper (2015) (Appendix 1, Section 9)

5.1 **Indications for FEES when a patient is referred with potential dysphagia**
- Assessing secretion management
- Assessing swallow fatigue over time
- Establishing the risk of aspiration using instrumental assessment
- Assessing patients who cannot undergo videofluoroscopy
- A complex presentation where bedside assessment is not sufficient
- Patient presentation does not match the SLT hypothesis
- Assessment of the effectiveness of a swallow technique or strategy
- Can be used for the patient to view and understand the implications of the swallowing disorder and make an informed choice of options to eat and drink

5.2 **Contraindications:**
- Patients who do not consent to assessment
- Reduced alertness
- Risks do not outweigh benefits
- Severe movement disorders and or agitation.
- Base of skull fractures, or facial fractures.
- History of nose bleeds
- Nasal tumours or nasal surgery
- Naso pharyngeal stenosis.
- Change in medical condition prior to assessment.
- Patients with a suspected or confirmed diagnosis of CJD or TSE. Videofluoroscopy can be considered as an alternative assessment.

5.3 The decision to refer for a FEES assessment will be taken with the agreement of a senior managing medical clinician and documented in the medical notes by the SLT.

5.4 Written consent (Appendix 6) will be gained from the patient by the SLT or consent will be sought in best interests as per UHL Policy for Consent (A16/2002) and UHL Mental Capacity Act Policy (B23/2007)

5.5 Each FEES assessment must be supported by two FEES-competent SLTs. An ENT doctor may assist with passing the endoscope.

5.6 The SLTs must know the location of the nearest resuscitation trolley.

5.7 The SLTs must know how to contact a medical doctor promptly in the event of an emergency.

5.8 This procedure provides an assessment of swallowing function. If the SLT observes unexplained anatomical features or physiology, the SLT must document this and request that the managing medical team make a referral, such as to ENT, for further assessment.

5.9 Please see Appendix 2 for details of the FEES procedure.
6  **EDUCATION AND TRAINING REQUIREMENTS**

6.1 See RCSLT FEES Position Paper (2015), ‘Fibreoptic Evaluation of Swallowing (FEES): The Role of the Speech and Language Therapist’ (Appendix 1, Section 11). Training will be provided through a combination of in-house teaching by SLT specialists and external opportunities as available.

6.2 Annual peer review will be arranged to demonstrate continuing competence.

6.3 Evidence of competence will be monitored at annual appraisal.

6.3 FEES-competent SLTs new to the Trust will provide evidence of previous education and training and familiarise themselves with this policy and local procedures.

7  **PROCESS FOR MONITORING COMPLIANCE**

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidents reported via Datix</td>
<td>SLT Manager/Team Leader in UHL</td>
<td>Datix</td>
<td>N/A</td>
<td>CSI Quality &amp; Safety</td>
</tr>
<tr>
<td>Documentation of consent</td>
<td>SLT Manager/Team Leader in UHL</td>
<td>Audit of clinical documentation via contact meetings</td>
<td>3 times/year</td>
<td>Adult SLT Service Lead</td>
</tr>
<tr>
<td>Compliance with Infection Prevention guidance for cleaning the endoscope</td>
<td>SLT Manager/Team Leader in UHL</td>
<td>Audit of records in Tristel log</td>
<td>Annual</td>
<td>Via CSI Infection Prevention meeting</td>
</tr>
<tr>
<td>Copy of written report is placed in the medical notes</td>
<td>SLT Manager/Team Leader in UHL</td>
<td>Audit of clinical documentation via contact meetings</td>
<td>3 times/year</td>
<td>Adult SLT Service Lead</td>
</tr>
</tbody>
</table>

8  **EQUALITY IMPACT ASSESSMENT**

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9  **SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES**
The updated version of the Policy will be uploaded and available through INsite Documents and the Trust’s externally-accessible Freedom of Information publication scheme. It will be archived through the Trust’s PAGL system.
Appendix 1


RCSLT FEES Position Paper 2015

Indications for FEES  Section 7, p. 17
Contraindications Section 9, p.20-21
Complications Section 9, p.21
Education and Training requirements Section 11 p.27
## Appendix 2

### Procedure for the use of Fibreoptic Endoscopic Evaluation of Swallow (FEES)

<table>
<thead>
<tr>
<th>No.</th>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Decontaminate hands and equipment before and after patient contact if interaction is anticipated. If no patient contact decontaminate hands after contact with the environment</td>
<td>Staff to follow the 5 moments of hand hygiene principles (Hand Hygiene Policy and Procedures (B23/2003)) and the ANTT policy (B20/2013) as appropriate throughout the procedure.</td>
</tr>
<tr>
<td>2</td>
<td>Ensure the medical practitioner responsible for the patients care agrees to the use of FEES.</td>
<td>To adhere to the RCSLT FEES Position statement (2015) and ensure that contraindications have been considered</td>
</tr>
<tr>
<td>3</td>
<td>Ensure that medical cover is available in the event of a complication arising.</td>
<td>To adhere to the RCSLT FEES Position statement (2015) and ensure there is medical help available should a complication arise.</td>
</tr>
<tr>
<td>4</td>
<td>Decontaminate hands and apply PPE</td>
<td>To minimise risk of cross contamination. Follow UHL Personal Protective Equipment for Infection Prevention Policy (B10/2012)</td>
</tr>
<tr>
<td>5</td>
<td>Explain the FEES procedure to the patient using departmental information sheet.</td>
<td>To establish understanding and ensure a valid consent is obtained. To promote dignity. UHL Policy for Consent (A16/2002) and UHL Mental Capacity Act Policy (B23/2007)</td>
</tr>
<tr>
<td>6</td>
<td>Verbal Consent will be gained for the FEES procedure. Written consent using a departmental consent form will be obtained to use the recording in training if appropriate.</td>
<td>To establish understanding and ensure valid consent is obtained. Follow trust guidance on gaining consent. UHL Policy for Consent (A16/2002) and UHL Mental Capacity Act Policy (B23/2007)</td>
</tr>
<tr>
<td>7</td>
<td>Prepare appropriate food and/or drink dyed green using food colouring if required. Following UHL Infection Prevention Guidelines (B4/2005)</td>
<td>The green dye is used to ensure that food and drink cannot be confused with internal colours of the throat.</td>
</tr>
</tbody>
</table>
| 8   | Cleaning of FEES Equipment in designated cleaning area  
- Clean FEES trolley including shelf with Distel cleaning wipe or Chlorclean as available and use couch roll/ sterile surface covering  
- If the scope has not been cleaned within the last 3 hours it will require the application of the 3 step Tristel cleaning system.  
- Clean FEES trolley shelf with Distel cleaning wipe or Chlorclean as available, dispose of used surface covering and replace before placing the cleaned scope on the shelf.  
- Endoscope will be maintained in line with manufacturers advice (cleaning and leak testing) pre- and post clinical use. |  
  - ANTT policy (B20/2013) and Decontamination of Medical Equipment Policy (B5/2006), PPE policy B10/2012  
  - To provide a clean work surface for decontaminating scope  
  - To minimise cross infection and maintain hygiene standards.  
  - To provide a clean work surface for using the scope |
| 9   | Complete the Tristel Quality Audit Trail Book and trolley cleaning log. | To ensure a traceability system and allow an audit of instrument reprocessing. |
| 10  | Set up FEES equipment:  
Including: software, camera, focussing of | To ensure the most efficient and accurate delivery of the assessment. |
<table>
<thead>
<tr>
<th>Procedure for the use of Fibreoptic Endoscopic Evaluation of Swallow (FEES)</th>
</tr>
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<tbody>
<tr>
<td>the scope, light source.</td>
</tr>
<tr>
<td><strong>11</strong> Ensure the person is in an upright sitting position. Reposition if necessary following UHL Moving and Handling guidelines</td>
</tr>
<tr>
<td><strong>12</strong> Use a small amount of lubricating jelly on the endoscope.</td>
</tr>
<tr>
<td><strong>13</strong> The endoscopist SLT will pass the endoscope along the floor of the nasal passage, between the turbinate bones and over the soft palate until a view of the pharynx and airway are visible. Structures will be observed at rest and in function and notes documented on assessment sheet front (Appendix 6)</td>
</tr>
<tr>
<td><strong>14</strong> The plan for the assessment will be based on the previously completed clinical swallow assessment. The order of presentation of oral intake and use of strategies will be suggested by the endoscopist SLT in consultation with the assessing SLT. The assessing SLT will offer the patient the food and drink whilst the endoscopist SLT maintains the view endoscopically.</td>
</tr>
<tr>
<td><strong>15</strong> Both the endoscopist and the interpreting SLTs will provide continuing feedback to the patient throughout the assessment.</td>
</tr>
<tr>
<td><strong>16</strong> On completion of the assessment the endoscopist will remove the endoscope from the nasal passage</td>
</tr>
<tr>
<td><strong>17</strong> The patient will be informed that the images will be reviewed and the SLTs will return to explain the findings and suggested management plan within 24 hours (Monday to Friday) unless a second opinion is required.</td>
</tr>
<tr>
<td><strong>18</strong> The assessing SLT will save the images</td>
</tr>
<tr>
<td><strong>19</strong> The used endoscope will then be stored in a specific drawer labelled ‘used’ on the FEES trolley</td>
</tr>
<tr>
<td><strong>20</strong> Dispose of PPE as per UHL policy and any unused food/liquids and utensils.</td>
</tr>
</tbody>
</table>
| **21** Cleaning of FEES Equipment in designated cleaning area:  
  - Clean FEES trolley shelf with Distel cleaning wipe or Chlorclean as available and cover with couch roll/sterile mat  
  - The used endoscope will then be | Refer to the Decontamination of Medical Equipment Policy B5/2006, ANTT policy B20/2013 and PPE guidelines B10/2012  
  - To provide a clean work surface for decontaminating scope  
  - To minimise cross infection and maintain hygiene standards. |
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</table>
| cleaned using the 3 step Tristel cleaning system.  
• Dispose of couch roll/ sterile mat  
• Clean FEES trolley shelf with Distel cleaning wipe or Chlorclean as available  
• Dispose of PPE | • To decontaminate the surface after use  |
| 22 The cleaned endoscope will be stored in the drawer marked clean on the FEES trolley. | To minimise cross infection and maintain hygiene standards.  |
| 23 Complete the Tristel Quality Audit Trail Book and trolley cleaning log. | To ensure a traceability system and allow an audit of instrument reprocessing.  |
| 24 The saved assessment will be reviewed by the endoscopist and assessing SLTs, using the FEES assessment form. A hypothesis and suggested management plan will be formulated. | To provide a rationale for the dysphagia which will inform the management plan. To ensure hypothesis driven care  |
| 25 The endoscopist and assessing SLTs will write a report using the FEES Report form within 24hours (Monday to Friday) unless a second opinion is required. | To ensure that the medical team and the patient, carers /relatives have a written record of the FEES result.  |
| 26 The findings and suggested management plan will be discussed with the senior medical clinician where possible | To ensure the most appropriate management outcome and information is discussed with the patient and carers  |
| 27 Inform patient, carers and/or relatives of the results of the FEES assessment using their recorded images where appropriate. Explain suggested management plan and agree with patient and/or carers and medical team. | To ensure patient and any carers/relatives understand the assessment results and any changes which may be recommended to their eating and/or drinking and therapy. To ensure that dysphagia management is patient-centred and multi-disciplinary.  |
| 28 Copies of the report will be filed in the medical and SLT notes. The outcome of patient discussion will be recorded in both the Medical notes and the SLT case notes. Verbal handover will be given to Ward Team and a new Bedside Swallow Advice Sign will be displayed if any changes are made | To ensure accurate records  
To maximise understanding of the recommended changes to the patient’s eating and drinking.  
Adhere to Policy for Documenting in Patient Health Records B30/2006  
UHL Records Management Policy  
B31/2005 Records management policy  
Adult S&LT service, 2010  |
| 29 The trolley will be cleaned before and after patient contact and also once a week irrespective of use. Cleaning Log signed, date and time. | Decontamination of Medical Equipment policy. B5/2006  |