Department of Hearing & Speech Sciences
Vanderbilt University Medical Center
Clinical Protocol

Protocol Title: Flexible Endoscopic Evaluation of Swallowing (FEES)
Providers: ASHA-Certified and state licensed speech-language pathologists

I. Policy Statement:

Speech-language pathologists (SLPs) use FEES to evaluate pharyngeal and laryngeal function as it applies to swallowing. The appropriateness of FEES is determined by the SLP based on the severity and nature of the patient's swallowing deficits. Following completion of the FEES, the SLP interprets and applies the results of imaging to determine dysphagia treatment plans and make recommendations and referrals, as appropriate. Instrumental procedures are also used to determine readiness for PO diet and/or diet advancement, as well as appropriateness and effectiveness of treatment strategies. Thorough documentation is completed in e-Star following completion of FEES and shared with patient's medical team.

II. Equipment and Supplies:

1. Various food consistencies, which include, but are not limited to: water, milk, thickened liquid/milk, applesauce and/or pudding, fruit cocktail, fig newton and/or graham cracker
2. PhageinBlue natural food dye, single use packets
3. Medline E-Z Sterile Surgical Lubricant Jelly
4. Medicine cups, spoons, straws, and/or cups
5. Specialized feeding equipment, as needed, including: glossectomy spoon, pediatric spoon, nosey cup, and Provale™ flow rate cup
6. Endoscopy equipment and cart
7. Depending on patient's independence with self-feeding, a second person may be needed to assist with feeding the patient during the exam
8. 4% Viscous Lidocaine Jelly is used infrequently and only on patient request and with a physician's order

III. Protocol(s):

Indications for FEES

1. Sensitivity to increased difficulty with swallowing over the course of a meal, secondary to fatigue
2. Sensitivity to velum function for hypernasality and/or suspected nasal regurgitation
3. Need for visualization of the hypopharynx/larynx for biofeedback and/or rehabilitation
4. Need to assess vocal fold dynamics related to swallow function
5. Documented pharyngeal dysphagia on videofluoroscopic swallowing study (VFSS) that can be retested with endoscopy to
    a. monitor progress,
    b. directly assess pharyngeal and laryngeal anatomy, and/or
    c. limit radiation exposure
6. Suspected or observed difficulty with swallowing saliva/oral secretions
7. Inability to tolerate contrast media (e.g., barium, iohexol) due to allergy or aversion
8. Concerns or safety issues associated with radiation exposure (e.g., pregnancy)

9. Patient inability (including individuals on a ventilator) to leave the bedside because of mobility and/or postural deficits
10. Difficulties with obstructed fluoroscopic viewing (e.g., patients wearing a halo, patients wearing a cervical collar)
11. Limited access to radiologic equipment

Contraindications to FEES

1. Severe agitation and/or inability to cooperate with the examination
2. Severe movement disorders that interfere with safe administration
3. Severe bleeding disorders and/or recent severe epistaxis (nosebleed)
4. History of recent trauma to the nasal cavity or surrounding tissue and structures secondary to surgery or injury
5. Bilateral obstruction of the nasal passages

Role of the Speech-Language Pathologist

The SLP is responsible for instruction of the patient during the exam, scope placement, and determination of bolus presentation/sequence. Additionally, the SLP is responsible for determining positional changes/strategies, as needed. The exam is recorded and stored on a protected drive, stripped of identifying patient information. The SLP completes a detailed report in e-Star and makes appropriate recommendations for diet consistency and/or dysphagia management to the patient and the medical team.

Role of Speech-Language Pathologist Graduate Student

If a graduate student is present and assisting with FEES, the graduate student can assist with feeding patient and interpreting FEES online (dependent on skill level). Following completion of FEES, the recording is reviewed with the graduate student. If the graduate student writes the FEES report, it is carefully reviewed by SLP. Following SLP's approval, an attestation is added to the documentation stating "Co-signing therapist performed FEES and interpreted results. Graduate student is acting as scribe for procedure."

Precautions and Safety Considerations

Universal precautions are used during the completion of each examination.

Please see Infection Control appendices for detailed guidance on scope processing and disinfection.

IV. Procedures:

Exam

1. An order is obtained from physician or mid-level provider (NP or PA) and placed in medical chart.
2. Clinician reviews the procedure with the patient and receives verbal consent from patient or their surrogate to proceed.
3. Oral Mechanism evaluation is completed.

4. Scope is placed through the nare.
5. A superior view of the pharynx/larynx is obtained.
6. Voice tasks are completed. Anatomy is observed.

Food trials

1. The order of consistencies and the total amount administered vary according to patient's swallowing function and SLP's clinical judgment.
2. Generally, SLP will start with small bolus sizes and increase bolus sizes if no aspiration occurs at the level of consistency.
3. If trace aspiration occurs on a given consistency, the SLP may administer that same consistency and bolus size once again. If aspiration occurs with that second bolus, the consistency may be terminated during that exam. If no aspiration occurs, proceed according to clinical judgment.
4. If gross aspiration occurs on any given consistency, the consistency is terminated during that exam.
5. Compensatory techniques are attempted throughout exam as determined appropriate by the SLP.

V. Required Clinician Education/Supervision to Ensure Competency:

VUMC Requirements

The SLP must have appropriate training and demonstrate competency prior to completing FEES. After completing 15 hours of didactic training, as required for state licensure, the clinician then completes 10 supervised normal (volunteers, non-patients) passes with the endoscope. Following this completion, they are then supervised completing 15 passes of the endoscope on patients. During this time, each FEES recording is reviewed with supervising clinician and documentation is thoroughly reviewed for completeness. If clinician is unable to independently pass endoscope, interpret, and/or document FEES to meet departmental standard then continued supervision is required. After an additional 15 passes of the endoscope on patients with direct supervision (with additional review of FEES recording and documentation by supervising clinician), if the clinician is still unable to demonstrate competency to the level expected then the clinician is not allowed to perform FEES.

Once the clinician has been deemed competent to perform FEES as described above, they submit paperwork to the state for an amendment to their license. To maintain ongoing competency, the FEES certified SLP should complete a minimum of 15 passes per calendar year. Annual competency is also maintained through participation in monthly Dysphagia Journal Club, continuing education, chart review, and/or direct observation by a FEES certified SLP.

The supervising and mentoring SLP must be a speech-language pathologist level III or higher and also hold an additional amendment to their TN license indicating that they are "Certified to Train Endoscopy."

Training and State Licensure Requirements (Tennessee)

1. Written verification from a board-certified otolaryngologist that SLP is competent in the proper and safe use of an endoscope.
2. Completion of a university course or other educational program of at least 15 hours on endoscopy.
3. Successful completion of at least 25 endoscopic procedures under the supervision of an otolaryngologist or SLP who has state licensure that indicates they are "Certified to Train Endoscopy."
4. Referral in medical record for FEES.
5. A physician must be onsite in a physician's office. If performed in an institutional setting (such as hospital or skilled nursing facility), physician must provide general supervision and be readily available in the event of an emergency (physical presence at the institution or availability by telephone).
6. A report and visual recording must be sent to the referring physician. If the referring physician is not an otolaryngologist, the SLP must provide a visual recording to an otolaryngologist, if requested, by referring physician.

VI. Documentation:

Results are interpreted and documented in a written report in e-Star to include:

1. Medical History
2. Dysphagia History
3. Subjective observations, including patient's tolerance of and response to study
4. Objective findings, including:
    a. physiological components of swallow
    b. impact of anatomic and physiologic impairments (i.e., location and severity of residue, laryngeal penetration, presence, timing, and severity of aspiration)
    c. patient's awareness of and response to residue, laryngeal penetration, and/or aspiration (i.e., cough, throat clear, second swallow)
    d. compensatory postures, maneuvers, delivery methods, sensory enhancements, and bolus modifications attempted- and the effectiveness of each
    e. esophageal screening, if completed, and its impact on the pharyngeal swallow, deferring to radiology for diagnostic statements
5. Assessment statement including diagnosis, severity, prognosis, and recommendations
6. If patient is going to be followed for therapy, goals are clearly documented
7. Billing & Coding:
    a. CPT 92612 Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording interpretation and report only; If 92612 is billed the same day as 92610 Clinical Swallow Evaluation or 92611 (VFSS/MBSS) then a -59 modifier is required to indicate distinct and separate procedure.
    b. ICD10 codes include dysphagia R13.10 coded to the highest level of specificity, including supporting medical diagnosis code such as stroke (163.9) or head and neck cancer (C76.0).

VII. References:

American Speech-Language-Hearing Association. *Adult Dysphagia.* Retrieved on September 21, 2021 from Adult Dysphagia (asha.org).

Langmore S. Endoscopic evaluation and treatment of swallowing disorders. 1st ed. New York: Thieme; 2001. p. 263

State of Tennessee, Code regarding Endoscopy use by Speech Pathology. Retrieved on September 21, 2021 from
TENNESSEE CODE UNANNOTATED CUI| PAW Document Page (lexis.com)

VIII. Approval:

Barbara H. Jacobson, PhD CCC-SLP

3/30/2022

Associate Division Director	**Date**

4/4/2022

Vice Chair, Clinical Operations	**Date**