

Fibreoptic Endoscopic Evaluation of Swallowing (FEES) Suitability and Safety Checklist

**Background**

The suitability and safety of FEES should be assessed on an individual patient basis with careful consideration of the risks and benefits, paying particular attention to the need for medical assistance for high-risk patients.

FEES is a minimally invasive procedure which carries some risks to the patient and therefore needs to be performed in a safe environment, in an appropriate clinical setting with suitable equipment and two appropriately trained personnel.

Due to the minimally invasive nature and potential risk of choking, SLTs performing FEES must undergo regular training in basic life support and CPR.

SLTs must undertake appropriate training to perform FEES and have individual professional responsibility for achieving the appropriate level of training and for competency maintenance.

**High risk and vulnerable patient populations**

When considering performing a FEES examination, the SLT must always consider possible contraindications. The rationale for proceeding with an ‘at-risk’ patient and the risks vs benefits should be documented in the patient record. Failure to do so may constitute a breach of acceptable professional conduct.

Possible contraindications for FEES due to scoping risks include the following:

* Skull Base/facial surgery or fracture within the last six weeks
* Major or life threatening epistaxis within the last six weeks
* Trauma to nasal cavity secondary to surgery or injury within the last six weeks
* Sino-nasal and anterior skull base tumours/surgery
* Nasopharyngeal stenosis
* Craniofacial anomalies
* Hereditary haemorrhagic telangiectasia
* Choanal atresia
* Laryngectomy within the last 2 weeks

An ENT surgeon should be consulted with these patients prior to proceeding and the timing of FEES discussed if a decision is made to proceed. ENT should be present for the FEES as these patients present technical scoping challenges and risk of harm. It may be appropriate to consult Oral and Maxillofacial surgeons in certain cases.

Proceed with caution for the following high risk patients:

* Limited pharyngeal or laryngeal space
* Significant airway limitation due to the presence of large volume disease, such as cancer.
* Severe movement disorders and/or severe agitation
* Vasovagal history
* Bleeding risks
* Patients with positioning limitations

The SLT should consult the appropriate physician prior to proceeding and request their presence if deemed necessary for safe practice.

**Adverse effects of the procedure**

FEES is a safe procedure when performed by appropriately trained personnel in a safe environment. There are possible complications. The following have been reported:

* *Patient discomfort*

Although quite common, discomfort should be mild if the procedure is administered competently.

* *Epistaxis*

Nose bleeds are unusual despite FEES being performed on many patients on anticoagulant medications (Langmore, 2001).

* *Vasovagal response*

This is unusual and may be related to very high levels of anxiety. Exercise caution if the patient has a history of fainting.

* *Reflex syncope*

Fainting can occur as a result of direct vigorous stimulation of the nasal/pharyngeal/laryngeal mucosa during endotracheal intubation. The type of stimulation occurring for FEES is much less forceful hence this complication is rare. However, caution must be exercised in patients with unstable cardiac conditions for whom reflex syncope would result in further risk (Langmore, 2001).

* *Allergy to topical anaesthesia*
* *Laryngospasm*

This is unlikely if the nasendoscope is adequately distanced from the larynx (Langmore, 2001).

* *Gagging and/or vomiting*

FEES Suitability and Safety Checklist

A Time Out and Risk Assessment should be integrated into clinical practice and performed immediately before each FEES procedure prior to seeing the patient. The checklist is intended to encourage dialogue between staff and the use of routine safety checks to minimize adverse events or risk of harm. Boxes marked **!** indicate the need for further risk assessment, remedial action prior to starting, or not proceeding with the examination until further advice is sought.

|  |  |  |
| --- | --- | --- |
| Are there contraindications to SLT performing endoscopy? | Yes | No |
| * Skull Base/facial surgery or fracture within the last six weeks
 | **!** |  |
| * Major/life threatening epistaxis within the last six weeks
 | **!** |  |
| * Trauma to nasal cavity secondary to surgery or injury within the last six weeks
 | **!** |  |
| * Sino-nasal and anterior skull base tumours/surgery
 | **!** |  |
| * Nasopharyngeal stenosis
 | **!** |  |
| * Craniofacial anomalies
 | **!** |  |
| * Hereditary haemorrhagic telangiectasia
 | **!** |  |
| * Laryngectomy surgery the past 2 weeks
 | **!** |  |
| Is this considered a ‘high risk patient’? (list is non-exhaustive) | Yes | No |
| * Limited pharyngeal or laryngeal space
 | **!** |  |
| * Significant airway limitation due to the presence of large volume disease e.g cancer
 | **!** |  |
| * Severe movement disorders and/or severe agitation
 | **!** |  |
| * Vasovagal history
 |  |  |
| * Bleeding risks
 |  |  |
| * Patients with positioning limitations
 |  |  |
| Do you have the correct skill mix for the patient’s level of care and airway?\* |  | **!** |
| Consent | Yes | No |
| Positive Patient Identification – have you followed the 4 steps to identify the patient?  |  | **!** |
| Does the patient have capacity to consent to the procedure? |  | **!** |
| Has patient consent been obtained after explaining the procedure, purpose, risks & benefits? |  | **!** |
| If the patient lacks capacity, have the patient’s best interests been fully considered? |  | **!** |
| Has medical approval from the managing team been obtained? |  | **!** |
| Pre-procedure | Yes | No |
| Is sterility of the endoscope packaging confirmed? |  | **!** |
| Are hand hygiene and ANTT standards being fully adhered to? |  | **!** |
| Are there any known equipment problems, e.g. recording ability? | **!** |  |
| Does the patient have known food allergies or intolerances? | **!** |  |
| For patients on supplemental oxygen, is the pulse oximeter attached and functioning? |  | **!** |
| For level 2 and 3 critical care patients, have baseline observations been reviewed? |  |  |
| Have you anticipated risks associated with endoscope insertion and delivery of food/fluids? |  | **!** |
| Post-procedure | Yes | No |
| Have you followed the SOP for processing of the used endoscope?  |  | **!** |
| Have examination images been saved? |  | **!** |
| Have equipment issues been escalated? |  | **!** |
| Have recommendations and plans been verbalised to nursing and medical teams? |  | **!** |
| Have any concerns following the procedure been alerted to medical and nursing teams, e.g. large volume aspiration, respiratory or cardiac changes? |  | **!** |
| Have any adverse events been reported to the medical team and documented? |  | **!** |
| Have provisional findings been documented in the medical notes pending the formal report? |  | **!** |

\*If in doubt, consult guidance document on shared drive or discuss with Level 3 FEES clinician before starting.

[[1]](#footnote-1)Adapted from FEES Suitability and Safety Checklist, Lee Bolton, Clinical Lead SLT, ICHT

1. [↑](#footnote-ref-1)