

## CLINICAL PATHWAY

### Fluoroscopic swallow assessment clinical pathway

#### 1. BACKGROUND

- Within the Imaging department at BSUH, x-ray guided swallow and upper GI assessments are completed.
- Due to the nature of these examinations, the patient is unable to wear a surgical mask and therefore staff are at increased risk of COVID-19 transmission.
- There is a significant risk of patients aspirating during the procedure, leading to a productive cough, which produces an aerosol transmission.
- In the context of COVID-19, it is therefore necessary to risk stratify patients prior to examination.
- An individual risk assessment must be undertaken for each patient ahead of the examination, considering COVID-19 status, patient co-operation, ability to predict potential cough and cough frequency.
- This is outlined in further detail in 'Procedure for determining correct PPE for dysphagia assessment' document.

#### 2. BOOKING INFORMATION

- **For out-patients:**
- Booking team will complete COVID-19 questionnaire with patient, prior to offering appointment.
- All out-patients are required to have a PCR COVID-19 swab within 72 hours prior to attending appointment and then self-isolate from point of swab test.
- Bookings team to book NHS elective COVID-19 swab, for within 72 hours prior to booked appointment via Medway.
- Patient advised to contact booking team morning of appointment to confirm swab result.
- If swab result is positive, refer to clinical team for evaluation of urgency.
- Any out-patients who have symptoms, self-isolating with a track and trace or confirmed COVID-19 are not to be booked, please refer for clinical evaluation of urgency.
- If clinical evaluation deems examination urgent, move appointment to the end of the list.
- **For in-patients:**
- All in-patients will have COVID-19 swab routinely, with results available on ICE
- Fluoroscopy senior radiographers are responsible for booking in-patients, in liaison with

Speech and Language Team team.

- In-patient swab results should be checked prior to booking, and where possible book within 24 hours of result.
- Any in-patient with a positive swab result, refer for clinical evaluation of urgency.
- Appendix 1 shows a flowchart of patient pathway.

### 3. INFECTION PREVENTION CONSIDERATIONS

- These procedures are classed as high risk for patient aspiration and productive cough, meaning staff should perform individual patient risk assessment and wear appropriate PPE. It is acknowledged that some variation to the risk categories below will be appropriate following outcome of individual risk assessment.
  - Low risk COVID-19 patients
    - Fluid resistant surgical facemask
    - Plastic apron
    - Gloves
  - High/ Medium risk COVID-19 patients
    - FFP3 facemask
    - Eye protection
    - Apron or gown
    - Gloves
- Follow appropriate donning and doffing PHE/Trust guidelines.
- Patients to wear a surgical, fluid repellent mask, if tolerated, whilst consenting and waiting in department.
- Ensure all equipment and touchpoints are cleaned between each patient, following current Trust infection prevention and decontamination policy.

### 4. DOCUMENT HISTORY

<u>Document Name</u>		<u>Current Filename</u>	
Fluoroscopic swallow assessment pathway			Fluoroscopic swallow assessment pathway

<u>Issue</u>	<u>Date</u>	<u>Review Details</u>
1	March 2021	1 <sup>st</sup> issue

### 5. REFERENCES

- C011 *Combined Videofluoroscopy clinics by Advanced Practitioner Radiographers and SLT*, BSUH intranet
- *Procedure for determining correct PPE for dysphagia assessment*, Speech and Language department, BSUH
- *Personal Protective equipment (PPE) for Covid-19 based on patient risk category*, BSUH intranet

6. APPENDIX 1 Flowchart for COVID-19 swab and classification of risk

