Fiberoptic Endoscopic Evaluation of the Swallow (FEES)

Advanced Dysphagia Diagnostics, LLC

MOBILE FEES - THERAPY - CONSULTING - EDUCATION

☐ Re-Eval

Age: 90 years.

[redacted]

Date of Procedure: 02/01/2022

[redacted]

Referring Physician: Dr. Guy Fasciana

Primary Medical Dx: J96.10

[redacted]

REASON FOR EXAM

Patient has been receiving ST services since admission and currently consuming regular and thins however continues with intermittent congestion. FEES requested for assessment of pharyngeal function and determine safest diet.

Risk Factors Necessitating Instrumental Dysphagia Evaluation:

Patient is at risk for possible hospital re-admission secondary to respiratory compromise resulting from dysphagia. Patient also at risk for complications associated with GERD, malnutrition, dehydration and general decline in health. Therefore a FEES is warranted to determine patient's safety with PO intake and potential effective compensatory strategies to increase their safety and quality of life with PO intake.

MEDICAL HISTORY

Patient is year old female with hospitalization April 2021 due to aspiration pneumonia and respiratory failure with intubation during hospitalization. Patient was admitted to this SNF August 2021 and has had repeated pneumonias since admission. Patient current has COVID with intermittent congestion. Patient has been upgraded to regular and thins however continues to demonstrate intermittent congestion.

CURRENT FUNCTION

Current Diet Level: regular and thins

Adaptive Feeding or Positioning Equipment in use: none

Food/Drug/Dye Allergies:

Food and Medication allergies reviewed, no contraindications to FEES

Current Dysphagia Therapy Goals and Compensatory Strategies:

Goals for safety with regular texture and thin liquids diet. SLP services also include ongoing analysis for positioning and feeding techniques to increase safety with PO

Respiratory Status:

Status: stable Trach: No Size: N/A Type: N/A Cuffed: N/A Fenestrated: N/A PMV Tolerant: N/A Capped: N/A Vent Status: N/A Settings: N/A Tolerate Vent Speaking Mode: N/A Oxygen Use: No Via Nasal Cannula: N/A

Self-Feeding Status: independent

Cognitive/Linguistic Functioning: decreased however able to participate in testing

Trunk Stability/Current Posture/Seating: upright in chair with left sided weakness

ORAL MOTOR EXAM

Labial Strength and Agility: open mouth posture with decreased strength and tone Lingual Strength and Agility: low tongue posture, decreased ROM and strength with suspected posterior ankylogossia Buccal Area L/R: decreased strength and movement. Oral Hygiene:

ate Ability to Contain Oral Secretions: No difficulties noted. Current Mastication Abilities: extended mastication Ability to Strip Boluses from Utensils: no difficulties noted Dentition: upper dentures, natural lower teeth with some missing Apraxia: no Dysarthria: no Other: Volitional Cough Ability: adequate Volitional Pharyngeal Clearance: able to initiate dry swallow upon command Vocal Quality: WFL Breath Support: adequate

FINDINGS

Red arytenoid, red track toward airway, bumps bilaterally on vocal folds. Asymmetry of arytenoids with left side larger than right.

Honey - via spoon and cup absent epiglottic inversion, moderate residue in valleculae and left pyriform due to decreased pharyngeal constriction, multiple independent swallows attempting to clear residue

Puree - absent epiglottic inversion, moderate residue in valleculae and left pyriform due to decreased pharyngeal constriction, multiple independent swallows attempting to clear residue

Nectar - via spoon and cup sip absent epiglottic inversion, moderate residue in valleculae and left pyriform due to decreased pharyngeal constriction, multiple independent swallows attempting to clear residue

Mechanical - absent epiglottic inversion, moderate residue in valleculae and left pyriform due to decreased pharyngeal constriction, multiple independent swallows attempting to clear residue, head turn was ineffective in clearing residue, effortfull swallow decreased residue

Thins - via spoon and cup sip absent epiglottic inversion, prespill over laryngeal face of epiglottis with airway closed, mild residue in left pyriform due to decreased pharyngeal constriction, multiple independent swallows attempting to clear residue

Regular - absent epiglottic inversion, moderate residue in valleculae, left pyriform, and posterior pharyngeal wall due to decreased pharyngeal constriction, multiple independent swallows attempting to clear residue

Patient's positioning with left sided weakness and lean impact stabilization for proper swallow with left sided weakness also noted in pharynx. Patient's decreased lingual ROM and strength decrease intraoral pressure for adequate swallow and clearance. Patient is at risk for all consistencies due to absent epiglottic inversion and significant residue in pyriform with thicker consistency liquids and solids.

SECRETION SEVERITY RATING SCALE (Donzelli, ET AL. 2003)

- [x] 0 Normal Rating
- [ ] 1 Secretions pooling in PS and vallecula (no laryngeal) that are cleared with spontaneous swallows
- [ ] 2 Penetration of sections into laryngeal vestibule with secretions above but not on VF (can be intermittent during inhalation)
- [ ] 3 Secretions present on VF and/or aspiration of secretions.

YALE PHARYNGEAL RESIDUE SEVERITY RATING SCALE (Neubauer, ET AL. 2015)

Vallecular Residue Rating:

- [ ] None (0%)
- [ ] Trace (1-5%) Trace coating of mucosa
- [x] Mild (5-25%) Epiglottic ligament visible
- [x] Mod (25-50%) Epiglottic ligament covered
- [ ] Severe (>50%) Filled to Epiglottic Rim

Pyriform Sinus Residue Rating:

- [ ] None (0%)
- [ ] Trace (1-5%) Trace coating of mucosa
- [x] Mild (5-25%) Up wall to 1/4 full
- [x] Mod (25-50%) Up wall to 1/2 full
- [ ] Severe (>50%) filled to aryepiglottic fold

PENETRATION-ASPIRATION SCALE (Rosenbeck, ET AL. 1996)

- [x] 1 Food/Liquids did not enter the airway
- [ ] 2 Food/Liquids enter the laryngeal vestibule, remained above the VF and IS ejected from the vestibule
- [ ] 3 Food/Liquids enter the laryngeal vestibule, remained above the VF and is NOT ejected from the vestibule
- [ ] 4 Food/Liquid enter the laryngeal vestibule, contacts the VF and IS ejected from the vestibule
- [ ] 5 Food/Liquid enter the laryngeal vestibule, contacts the VF and is NOT ejected from the vestibule

Food/Liquid enter the laryngeal vestibule, passes below the VF and IS ejected into the laryngeal vestibule or out of the laryngeal vestibule

☐ 7 Food/Liquid enter the laryngeal vestibule, passes below the VF and is NOT ejected from the trachea despite effort

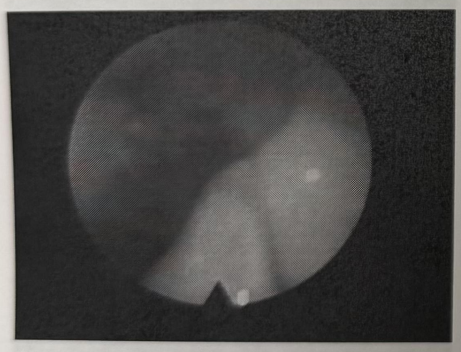
☐ 8 Food/Liquid enter the laryngeal vestibule, passes below the VF and NO effort is made to eject.

RECOMMENDATIONS

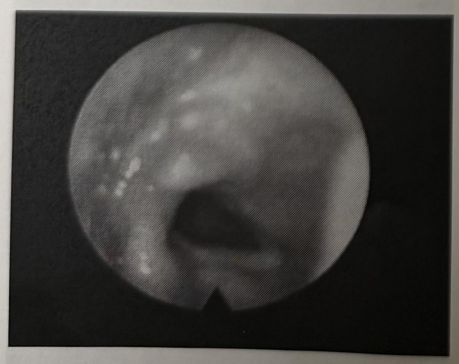
1: Regular and thins
2: Alternate liquids/solids to clear residue
3: Sit as upright as possible for all intake
4: Controlled rate and bolus size
5: Continue ST services to focus on stabilized body positioning, lingual strength and ROM, tongue base retraction and pharyngeal constriction strengthening, epiglottic inversion, compensatory strategies, ongoing patient/family/caregiver education

Asymmetrical arytenoids, red tracks toward airway,

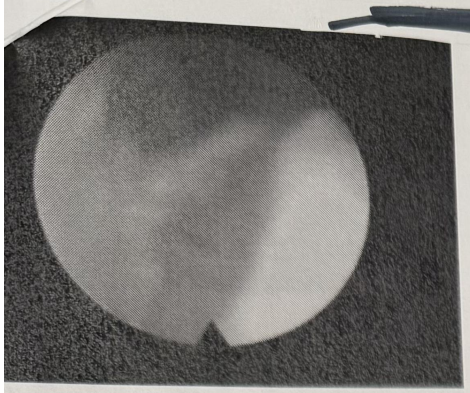
bumps bilaterally on vocal folds



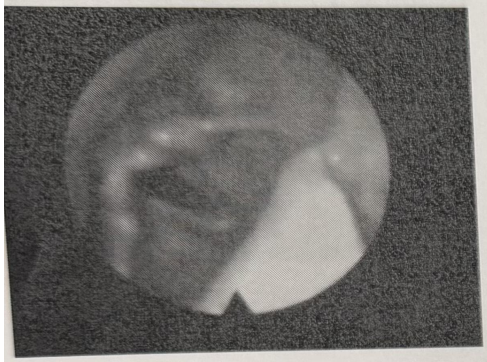
Residue of puree in pyriform



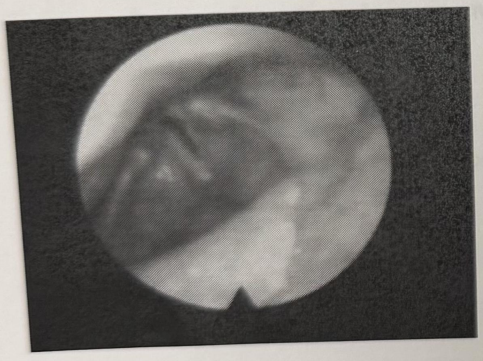
Residue of honey in pyriform



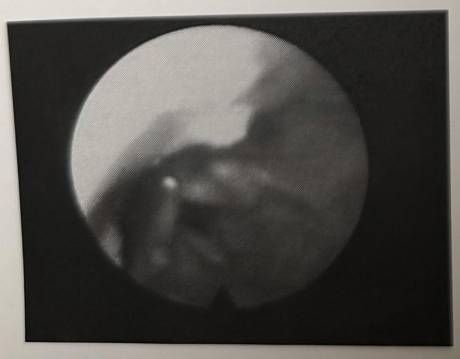
respill of nectar to pyriform



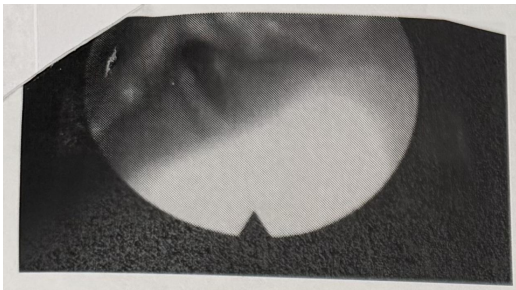
Residue of nectar in pyrfiorm



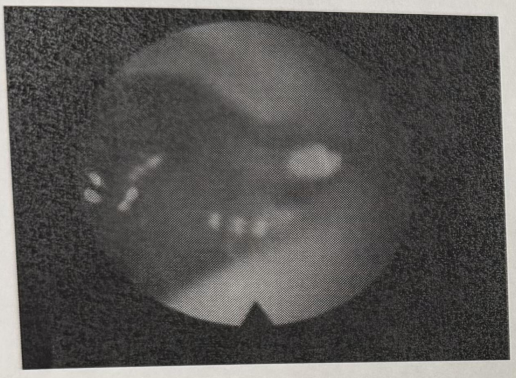
Residue of Mechanical in pyriform



Residue of regular on posterior wall



Residue of regular in pyriform



Prespill of thins over laryngeal face of epiglottis

Thank you for this referral. If you have any questions, please don't hesitate to contact me at ADD, LLC at 814-227-9166.

Melissa Pore MS CCC-SLP

Speech-Language Pathologist/FEES Endoscopist Date:2/1/2022

Geisinger

[redacted]

Rehab Services 9/28/2021
Outpatient Speech Therapy, Geisinger-Community Medical Center

Provider: Speech Therapist Gcmc
Primary diagnosis: Dysphagia, pharyngeal phase
Reason for Visit: Trouble Swallowing; Referred by Guy Michael Fasciana, MD

Progress Notes

Lisa M Nardella, CCC-SLP (Speech Language Pathologist) • Speech Pathology

OUTPATIENT SPEECH THERAPY VIDEOFLUOROSCOPY EVALUATION
Geisinger Community Medical Center
Scranton, PA 18510

[redacted]5

86 year old
Date: 9/28/2021

Referring Physician: Guy Michael Fasciana, MD
Primary Care Physician: Kristina Tanovic, MD

Encounter Diagnosis:

	ICD-10-CM
1. **Dysphagia, pharyngeal phase**	**R13.13**

Plan of Care Date: 9/28/2021

Fall Risk: yes

Patient Identified by: By name and date of birth
Treatment provided: Other: videoswallow study

Pertinent Medical History:

Past Medical History:

Diagnosis	Date
• Chronic anemia	
• COVID-19 virus infection	04/22/2021
• Essential hypertension	
• Gastroesophageal reflux disease without esophagitis	
• Other hyperlipidemia	
• Paroxysmal atrial fibrillation (HCC)	

Current Diet/Dysphagia History: regular with mildly thick liquids
Cognitive-Communication: functional

ORAL EXAM
Facial Symmetry: Within functional limits
Labial Function: Within functional limits
Lingual Function: Within functional limits
Velar Function: Within functional limits

PROTECTIVE MECHANISMS
Volitional Swallow: Did not test
Volitional Throat: Did not test
Volitional Cough: Did not test
Vocal Quality: Within Functional Limits

TRACH/VENTILATOR STATUS: Not Applicable

ORAL PREPARATION PHASE
Difficulty securing bolus: No
Anterior loss of bolus: No
Decreased Mastication: No
Tongue thrusting: No

ORAL PHASE
Decreased AP tongue movement: No
Increased Oral transit time (greater than 1 sec.): No
Loss of bolus posteriorly: No
Oral residue after swallow: No
Incoordinated suck (infants): {No

PHARYNGEAL PHASE
Delayed/absent swallow: No
Premature spill to valleculae: No
Premature spill to pyriform sinuses: No
Nasal penetration: No
Decreased Hyolaryngeal movement: No
Decreased Epiglottic inversion: No
Vallecular residue: Yes
Pyriform sinus residue: No
Posterior pharyngeal residue: No
Laryngeal penetration: Yes
Silent aspiration: No
Overt aspiration: No
Incoordinated pacing (infants): No

ESOPHAGEAL PHASE
Cricopharyngeal dysfunction: No
Cervical bony growth: No
Esophageal backflow: No

AP VIEW:
Not Viewed

IMPRESSIONS:

Pt seen in xray for videoswallow study. She resides at snf and is on a regular diet with mildly thick liquids. For this study, pt was given pureed, soft and solid foods. Mastication was slowed but functional and there was good oral clearing post swallow. She was noted to have some vallecular residue which did not completely clear even with repeat swallows and/or use of lemon ice. She had deep laryngeal penetration following mixed consistency item and demonstrated penetration with thin liquid trials. A chin tuck did not eliminate same. Although no aspiration occurred, pt is at risk for same. Would recommend continuing on current diet.

RECOMMENDATIONS:

Diet Level: Regular
Liquid Level: Mildly thick
Presentation of Medication: With applesauce
Positioning: Seated with 90 hip flexion
Level of Supervision: Intermittent
Compensatory Techniques to be utilized during PO intake: Small Bites/Sips and Slow Rate of Intake

PLAN:
Swallowing Treatment: As per facility
Patient/Family Goal(s): To take thin liquids
The above information was discussed with the patient/family: yes
The patient/family was in Agreement

9/28/2021

Additional Documentation

Flowsheets: COVID-19 Screening, VISITOR DETAILS

Encounter Info: Billing Info, History, Allergies, Detailed Report, Questionnaires

Orders Placed

None

Medication Changes

As of 9/28/2021 4:38 PM

None

Visit Diagnoses

Dysphagia, pharyngeal phase R13.13