YNHHS Adult Inpatient COVID-19 for Dysphagia & NG/NJ Tube Guidelines

Scope: Adult inpatients within YNHHS with known or suspect dysphagia, or are candidates for NG/NJ tube placement

Background:

1) Many evaluations and treatments performed by Speech Language Pathology (SLP) to assess dysphagia in the inpatient setting are highly aerosol generating, which places therapists at high risk for transmission of COVID-19
2) NG/NJ tube placement is also a highly aerosol generating procedure, and places providers at high risk for transmission of COVID-19
3) Appropriate clinical care should continue to be delivered when critical, while minimizing risks to staff.

Leadership and Decision Making:

1) YNHHS Adult Inpatient COVID-19 dysphagia and NG/NJ tube guidelines were arrived through joint consensus with leadership from Speech Language Pathology, Otolaryngology, Medicine, Nutrition, and Nursing.

SLP Dysphagia Evaluations:

1) Routine, non-emergent SLP in person consults will be deferred
   i) SLPs will remain available for phone consultation, or virtual assessments where appropriate
      (1) SLP will discuss case with medical team, provide risk/benefit guidance on oral vs. non-oral means of nutrition/hydration/means of medicating
   ii) Routine Fiberoptic Endoscopic Evaluations of Swallowing (FEES) and Modified Barium Swallow (MBS) studies will be deferred entirely at this time.
2) Emergent SLP consults in person will remain available for patients
   i) SLP will review case/clinical scenario with medical/surgical team prior to in person evaluation
   ii) Emergent bedside consults, MBS, or FEES will require approval by SLP manager and/or SLP medical director. Emergent MBS will also require approval from Radiology

NG/NJ Tube placement:

1) Emergent or life threatening indications, or need for life preserving medications should be identified. Alternative administration options should be reviewed with pharmacy.
2) Patients should be assessed for nutrition goals and possible options by a registered dietitian.
3) Goals of care should be discussed with patient and family/next of kin prior to NG/NJ Tube placement
4) If NG/NJ Tube is emergently indicated; or is clinically indicated, is within patient’s goals of care, and there are no other reasonable means of nutritional support, then tube may be placed at bedside
   i) If possible to defer tube placement until COVID result has returned (if patient is being tested), it is appropriate to do so.
   ii) Difficult placements due to anatomy; repeated removal of tube by patient; or other reasons requiring prolonged or repeated NG/NJ tube placement attempts should prompt repeat goals of care discussion.
   iii) Staff placing tube should wear N95, face shield, gown, gloves for placement, regardless of patients COVID status at time of placement.
   iv) Ensure all necessary equipment is readily available prior to entering room
   v) Clean and disinfect all equipment prior to leaving the room
   vi) Portable CXR is still required to confirm placement.
   vii) Cluster with other procedures or direct patient care needs when able.