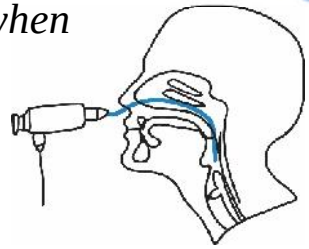
Evidence from the Frontlines:

Supporting FEES Swallow Testing in Post-COVID SNF Patients

Post-acute care dysphagia testing for this respiratory compromised population is ***more necessary*** *than ever.* ***20% of 30-day hospital readmits are PNA related****, a statistic that will unfortunately increase with our Post-COVID elders when dysphagia is under-identified and undertreated.*



SDX's Role:

INSTRUMENTAL dysphagia testing is conducted ON-SITE limiting resident exposure to uncontrolled environmental factors.

For RESIDENTS EATING IN BED, TESTING IN BED is easily accommodated. For residents needing to trial multiple strategies & to be tested for lengthy periods of time (for assessment of fatigue), FEES is the optimal choice.

Why is FEES testing even MORE important for post-COVID patients?

SLPs need a THOROUGH swallow assessment that can VIEW SWALLOW FUNCTION OVER TIME especially in residents with RESPIRATORY comorbidities in order to recommend a diet that poses the lowest risk for aspiration complications.

GUIDANCE in POSTEXTUBATION DYSPHAGIA: FEES is the ideal test to assess for (1) secretions management, (2) appearance/edema of pharyngeal & laryngeal structures & (3) glottal competency to protect the airway from invasion of food or liquid. THESE AREAS ARE COMPROMISED FOLLOWING INTUBATION and greatly increase the RISK FOR SILENT ASPIRATION [1].

MUSCLE ATROPHY from DISUSE impacts the swallow function as well as the voice. Research has shown that EACH DAY of INTUBATION INCREASES THE RISK OF DYSPHAGIA by 14% and that the risk is GREATEST FOR PATIENTS OVER AGE 55 [2].

Brodsky's 5-year longitudinal study on intubation in Acute Respiratory Distress Syndrome survivors found that ONE-THIRD of intubated ARDS survivors have DYSPHAGIA THAT PERSISTS AFTER HOSPITAL DISCHARGE [3]. A prolonged ICU stay resulted in a slower recovery in swallow function, highlighting the importance of INSTRUMENTAL TESTING especially in the medically fragile population [1,3]. As REPEAT TESTING is often necessary for postextubation patients during their lengthy dysphagia recovery, FEES is IDEAL AS THERE IS NO RADIATION EXPOSURE.

News on Neurological Concerns in Post-COVID Patients

FEES has been the optimal choice for evaluating dysphagia in patients that present with fatigue, an ever-present concern for neuro-compromised patients.

Recent COVID-19 publications are reporting an increased incidence of neurologic manifestations with COVID-19 especially seen in older patients and those with severe infections, many of which had an underlying diagnosis of HTN [4,5]. (In a study of 214 COVID+ patients, 78 had NEURO COMPLICATIONS impacting central nervous & peripheral nervous systems as well as skeletal muscle function with acute cerebrovascular disease in 6%, impaired consciousness in 16% and skeletal muscle injury in 23% reported [5]).

To learn more, visit SDX-FEES.COM
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