

**OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
REHABILITATION SERVICES
POLICY & PROCEDURE**

NUMBER: 1209

VERSION: 1

SUBJECT/TITLE: VIDEO SWALLOW STUDY

POLICY: Video-fluoroscopic swallow studies (VSS) are performed by the Speech-Language Pathologist, in conjunction with the Radiology department, using dynamic imaging to evaluate rapidly occurring events and movements involved with swallowing. The Speech-Language Pathologist (SLP) prepares the food consistencies, feeds the patients, and makes diet and therapeutic recommendations based on the VSS findings.
The Radiology Technologist assists in setting up the fluoroscopy equipment. The Radiologist controls the fluoroscopy equipment and dictates the total radiation dose.
The Video Swallow Study may be conducted on the neonate, infant, children, adolescent, adult, and geriatric population.

PURPOSE: To ensure that VSS is performed according to policy.
To define the roles of staff participating in the procedure.

DEPARTMENTS: SPEECH THERAPY, RADIOLOGY

DEFINITIONS: A radiological study used to evaluate the ability to swallow and to protect the airway.

PROCEDURE:

- A. Goals
 1. To examine the anatomy and physiology of the oral cavity, pharynx and the cervical esophagus during deglutition.
 2. To evaluate integrity of airway protection before, during, and after swallowing, as well as identify and determine cause of aspiration and penetration.
 3. To determine appropriate therapeutic techniques for oral, pharyngeal, and/or laryngeal disorders.
 4. To evaluate the effects of modifications in bolus size, bolus texture, patient position, compensatory maneuvers and sensory enhancing techniques on bolus flow in order to achieve optimal swallow safety and efficiency.
 5. To provide recommendations regarding the optimum delivery of nutrition and hydration (e.g., oral versus non-oral, method of delivery, positioning, therapeutic interventions).
 6. To obtain information in order to collaborate with and educate other team members, referral sources, caregivers, and patients regarding recommendations for optimum swallow safety and efficiency.

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- B. Preliminary Steps
 - 1. The swallow study may only be completed per the written order of the physician.
 - 2. For pediatric patients, a clinical swallow evaluation by the Speech Language Pathologist and/or Pediatric occupational Therapist must be completed prior to performing an objective swallow study.
- C. Preparation
 - 1. The Speech Language Pathologist:
 - a. Prepares several consistencies of food mixed with barium in order to be seen under fluoroscopy.
 - b. Explains the examination to the patient and/or caregiver.
 - c. Transfers the patient to the chair and prepares the patient for fluoroscopy. In the case of neonates, infants, and small children, age-appropriate seating will be provided, including caregiver involvement.
 - 2. All staff present for the study must wear a lead apron. The Speech-Language Pathologist presenting the bolus to the patient should also wear a thyroid cover and wear a dosimetry badge. Lead gloves are optional. Caregivers required to assist in the study must also wear lead shielding.
- D. Positioning
 - 1. The patient's swallowing ability should be assessed while sitting upright or standing, if possible.
 - 2. If proper patient positioning is difficult, then attempts should be made to simulate the best possible eating posture for that patient's typical environment.
 - 3. A swallow study is typically started with the individual in the lateral view. The individual may also be studied in the oblique and anterior-posterior views, if judged necessary by the speech pathologist completing the study.
 - 4. The fluoroscopy tube should be focused so that all stages of deglutition can be viewed simultaneously. It is important that this continue throughout the entire study.
- D. Protocol
 - 1. The Speech Language Pathologist:
 - a. Begins the study by presenting the patient with a small bolus of the consistency that was clinically determined to be managed best.

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- i. If tolerated well, increase bolus size.
 - b. Proceeds to other consistencies based on tolerance of first consistency presented.
 - c. If necessary and at the speech pathologist's request, the radiology technician may scan down beyond the cervical esophagus to assess bolus motility, especially in cases where esophageal bolus motility is suspected to affect oral-pharyngeal swallow function. It is standard to scan down to the esophagus to assess function of esophageal phase of swallow.
 - d. Based on initial findings, implements appropriate safe swallowing techniques and views the efficacy of the technique of the swallow.
2. The Speech-Language Pathologist writes a report regarding the results including recommendations. The radiologist writes a brief report documenting fluoroscopy time and radiation dosage; however, details of the study and therapeutic recommendations will be made in the speech-language-pathologist's report.
3. The Speech Language Pathologist documents findings and recommendation in the patient's medical record and communicates significant findings and results to the referring physician.

References:	
Approved by: Denise Andrews-Tang (Physician Specialist), Joann York (Physical Therapy Chief I)	Date: 03-29-02 01/27/2016
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