STANDARDIZED PROCEDURE
Flexible Fiberoptic Nasolaryngoscopy

These procedures are intended to describe procedures performed by Nurse Practitioners and/or Certified Nurse Midwives (depending on the clinical privileges granted to the individual practitioner) at UC San Diego Health.

I. Definition
Flexible fiber optic nasolaryngoscopy is the most common type of examination used to visualize the areas of the nose, throat, and voice box. The exam utilizes a thin flexible endoscope containing fiber optic cable that can be manipulated to examine areas not normally seen by traditional examination techniques.

II. Background information

A. Setting: The procedure will occur on adults in an outpatient setting.

B. Supervision: Direct supervision will not be necessary once competency is determined. The Advanced Health Practitioner will notify the physician immediately under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Bleeding
3. Laryngospasm
4. Outcome of the procedure other than expected

C. Indications

Head and neck cancer surveillance

D. Precautions/Contraindications

1. Epiglottitis
2. Coagulopathy (relative)
3. Craniofacial Trauma (relative)

III. Materials

1. Fiberoptic flexible endoscope
2. Light cable
3. Video Tower with light source
4. Lubricating Jelly
5. Defogging solution
6. Phenylephrine 0.25% spray
7. Topical 4% lidocaine spray
8. Gloves

IV. Flexible Fiberoptic Laryngoscopy Procedure

A. Pre-Treatment evaluation

1. Review patient’s medical record to evaluate eligibility
2. Review patient’s allergies

B. Set up: gather all necessary supplies

C. Patient preparation

1. Explain the procedure to the patient
2. Position patient sitting upright in chair
3. Spray Phenylephrine 0.25% and Lidocaine 4% to both nares 5-10 minutes before procedure begins. This is optional as per patient and practitioner preference. If there is a contraindication to using either agent, the procedure can be performed without topical sprays.

D. Procedure

1. Wash hands; Apply gloves
2. Apply defogging solution to the endoscopic lens
3. Consider applying lubricating jelly to the shaft of the scope, avoiding the distal 2 cm, if desired
4. Advise patient to breathe through nose to keep nares open.
5. Using the non-dominant hand to steady the patient’s head, insert flexible endoscope into one or both nasal cavities to define endonasal anatomy.
6. Advance the endoscope along the floor of the nose, avoiding the septum. Visualize the turbinates and assess the mucosa for abnormalities.
7. Advance the endoscope through the nasopharynx looking for abnormalities.
8. At the soft palate, start to direct the scope inferiorly to visualize the oropharynx, hypopharynx, and larynx.
9. Ask patient to swallow if lens gets clouded with mucus
10. The following steps (11-14 may be optional according to practitioner and patient preference)
11. Patient protrudes tongue to visualize vallecula
12. Patient puffs cheeks to visualize the piriform sinuses
13. Patient repeatedly says “E” to view vocal cord movement
14. Patient takes a deep breath to see full abduction of the vocal cords
15. Withdraw endoscope
E. **Post-Procedure**
   1. Assess patient’s response to procedure
   2. Advise patient to limit oral intake to small amounts of liquids until the local anesthesia has worn off (usually about an hour)
   3. Follow institution’s policy on cleaning and storing of soiled instruments
   4. Document procedure in the medical record, including normal and abnormal findings.

V. **Competency Assessment**

   A. **Initial Competence**
      1. The Advanced Health Practitioner will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
      2. The Advanced Health Practitioner will demonstrate knowledge of the following:
         a. Medical indication and contraindications of flexible nasolaryngoscopy
         b. Risks and benefits of the procedure
         c. Related anatomy and physiology
         d. Steps in performing the procedure
         e. Documentation of the procedure
         f. Ability to interpret results and implications in management.
         g. The advanced Health Practitioner must demonstrate at least **fifty** flexible nasolaryngoscopies under the direct observation of a clinical expert before certification is issued.
         i. Supervising physician will document Advanced Health Practitioner’s competency prior to performing procedure without direct supervision.
      j. The Advanced Health Practitioner will ensure the completion of competency sign-off documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

   B. **Continued proficiency**
      A. 1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.
      B. 2. Each candidate will be initially proctored and signed off by an attending physician.
      C. Advanced Health Practitioner must perform this procedure at least **thirty** procedures per year. In cases where this minimum is not met, the attending, must again sign off the procedure for the Advanced Health Practitioner. The Advanced Health Practitioner will be signed off after demonstrating 100% accuracy in completing the procedure.
      D. Demonstration of continued proficiency shall be monitored through the annual evaluation.
      E. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.
VII. RESPONSIBILITY
    Please contact the Advanced Practice Council if you need help. The administrative assistant for the Chief Nursing Officer can direct you. Call: 619-543-3438.

VIII. HISTORY OF POLICY
    Reviewed by the Interdisciplinary Practice Committee 11/28/18
    Reviewed by Credentials Committee 12/05/18
    Reviewed/Approved by the Medical Staff Executive Committee 12/20/18