

Speech and Language Therapy Department

Fiberoptic Endoscopic Evaluation of Swallow (FEES) Referral Form

Please fax the completed referral form to (01) 2936655 or post to: Adult Speech and Language Therapy, Physiotherapy Department, Suite 20, Beacon Hospital, Dublin 18

Patient Name: _____ M number: _____ Ward: _____

DOB: _____ Address: _____

NOK: _____ Referring Consultant/GP (Name, Address, Tel): _____

Date of referral: _____ PO Details: _____

Referring SLT (Name, Address, Tel): _____

Known/suspected infection? Yes ☐ No ☐ C.diff ☐ CPE ☐ CRE ☐ MRSA ☐ VRE ☐ Other _____

COVID positive/suspected Yes ☐ No ☐ _____

Relevant Medical/Surgical Background:

CVA ☐ Cardiothoracic ☐ General Surgery ☐ Cardiac ☐ Head/Neck Ca ☐ Respiratory ☐ Neuro ☐ Other ☐

Reason for FEES? _____

Tracheostomy? Yes ☐ No ☐ Since when? _____ Type, size & reason _____

Cuff deflation/ speaking valve trials: _____

Contraindications:

Severe Movement Disorder/Agitation Yes ☐ No ☐ Cardiac instability Yes ☐ No ☐

Base of skull/facial fractures/abnormalities Yes ☐ No ☐ Vasovagal history Yes ☐ No ☐

Severe epistaxis in last 6 weeks Yes ☐ No ☐ Nasal tumours/surgery/nasopharyngeal stenosis Yes ☐ No ☐

Is the patient medically stable/ well enough to travel and tolerate the procedure? Yes ☐ No ☐

Is the patient wheelchair bound? Yes ☐ No ☐

Does the patient have good sitting balance and head posture? Yes ☐ No ☐

Any allergies (food/fluids/other)? Yes ☐ No ☐

Dysphagia History:

Current feeding status: NPO ☐ NG ☐ PEG ☐ TPN ☐ Modified Diet ☐ _____

Normal Diet ☐ PO trials ☐ _____

Presenting with: Aphasia ☐ Apraxia ☐ Dysarthria ☐ Dysphonia ☐ Confusion/delirium ☐

Repeat FEES? Yes ☐ No ☐ Previous videofluoroscopy? Yes ☐ No ☐ _____

Textures to trial:

Ice chips ☐ Drinks: Level 0 ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Food: Regular ☐ Regular (easy chew) ☐ Soft&bite sized ☐ Minced&moist ☐ Puree ☐ Other: _____

Any other relevant information:

Referring doctors name: _____

Referring doctors' signature: _____

***Please note:**

Referrals cannot be accepted if the referral form is incomplete or if there is no signed medical consent.

Where purchase order numbers are being provided as payment, appointments cannot be scheduled until this is received.

There is no access to hoists in the endoscopy suite. Patients cannot be transferred from a bed/ stretcher so must be independent in transfers or attend in the appropriate seating in an upright position to swallow.

Patients should arrive in good time for their appointment. Please contact SLT on 0870501931 or 0871843809 if there will be a delay in replying. Failure to arrive on time may result in the patient missing their slot.