



CLINICAL STRATEGIES FOR PEDIATRIC IN-PATIENT SPEECH-LANGUAGE PATHOLOGISTS WORKING IN A HOSPITAL SETTING DURING COVID-19 PANDEMIC

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— ABSTRACT —

This article focuses on strategies that speech-language pathologists may use when working in a hospital setting. The COVID-19 pandemic has required providers in healthcare to adapt service delivery to minimize risks to all involved yet provide them effectively and efficiently. Information regarding safety, the essential nature of speech-language pathology, and service delivery will be provided.

Keywords: COVID-19, Coronavirus, Speech-Language Pathology, Inpatient, Service Delivery

Introduction

With the advent of COVID 19, inpatient providers throughout hospitals world-wide have had to deal with an unprecedented experience with regards to patient care. The biggest factor was the “unknown” as this is a new disorder with limited epidemiological information; therefore, there are limited data on the likely course of the disorder. As a result, providers have met this disorder with fear and caution, but at the heart of the pandemic, patients have been kept front and center. Speech-language pathologists (SLPs) who work in pediatrics hospitals have not been exempt from clinical care responsibilities and in some cases have been deemed essential personal. In

an effort to provide effective inpatient services and offer protection to the patient and deliver quality services, adjustments to service delivery must be made.

The purpose of this article is to highlight the efforts made in an acute care hospital setting to combat COVID 19. Information regarding managing case-loads, swallowing, safety, personal protective equipment (PPE), and advocating for the profession will be addressed.

Discussion

This section is designed to provide an overview of strategies used to address patients during the

COVID-19 pandemic. The section starts with the characteristics of patients followed by how to manage the caseload. Information on safety, the essential role of the speech-language pathologists and swallowing evaluations will follow.

Characteristics of COVID-19 Patients

Understanding the profile of COVID-19 patients aids in establishing the role that the speech-language pathologist plays in management. Below are the characteristics that are important for clinicians to know:

- Prolonged intubation without placement of trach
 - Increased risk of swallowing difficulties and laryngeal trauma
- Generalized weakness
- Delirium/ ICU psychosis
 - Especially challenging since many patients do not have a family member at bedside
 - Important to have written reminders of: Location, date, time, RN for the day, goals of care
- Emphasizing the importance of constantly re-orienting the patient to medical staff

Management of Caseload

While many health care professionals play a role in minimizing the spread of COVID-19, speech-language pathologists also play a role. This is especially the case for those who work in pediatric health care settings. The way this can be done is through the management of caseload. Below are two strategies that colleagues may find helpful to assist in this process:

- Plan schedule so that COVID -19 patients are seen at the end of the day to reduce risk of potentially exposing non-COVID-19 patients to the virus even as clinician's are wearing appropriate PPE to see these patients.
- In hospitals with larger inpatient speech-language staff, leaders may designate certain staff to see COVID-19 patients or patients under investigation (PUI). This will limit the impact on the entire staff.

Safety

The issue of safety has been publicly placed at the very center of patient care during this COVID-19 pandemic experience. Safety is paramount to the clinical process and protects the patient and the clinician. The following are strategies that speech-language pathologists should follow in order to practice effective safety measures:

- Stay updated on COVID-19 guidelines from hospital's Infectious Disease department, Occupational Health or the Center for Disease Control and Prevention website.
- Follow infectious disease protocols for cleaning and disinfecting procedure room surfaces.
- Have appropriate PPE: N95 masks, goggles, face shield, gloves, gown, or PAPR (Powered Air Purifying Respirators). This is very important because swallow evaluations or treatment sessions have potential to be aerosol generating procedures. Practice universal precautions and use N95 masks and goggles for all evaluations, given the risk of assessing an asymptomatic COVID-19 patient.
- Be aware of clinician's mental health status. Especially at the beginning of a pandemic. Clinician's face anxiety about treating these patients and potentially exposing their families. It is important to acknowledge these concerns and provide wellness resources and keeping an open line of communication about how staff are feeling.

Demonstrating the speech-language pathologist's essential role on an acute care team

Some institutions have questioned the essential nature of speech-language pathology and as a result, positions have been temporally eliminated. Speech-language pathologists should demonstrate the importance of their role by implementing the following strategies:

- Have open discussions with physicians and nurses regarding COVID- 19 patients and the need and timing of swallow evaluations or speech-language assessments.
- Nurses spend a great deal of time with patients. They are aware of the patient's overall alertness/ability to follow commands in order to participate in an evaluation. Make them your supporter.
- Discussion with physicians, the timing of evaluations, as research has indicated that waiting 48 hours post-extubation to complete a swallow evaluation will result in patients being on a less restrictive diet (Brodsky, Mayfield, & Gross, 2019; Marvin, Thibeault, & Ehlenbck, 2019).
- Work collaboratively with the acute care team.
 - Time evaluations for when the medical team feels patient is appropriate.
 - Implement a swallow screening protocol for nurses to administer. If patient fails swallow screen, then move to formal swallow evaluation.

- Create a consultative role in obtaining from nursing the communication abilities and difficulties of patients with potential communication deficits. Speech-language pathologists can then educate nurses on communication strategies or provide communication boards for patients without direct contact with the patient. Clinicians should then follow up with nurses and receive feedback about the effectiveness of the communication strategies or communication board.
- Offer to aid in troubleshooting challenging situations and assist in providing the best care for the patients.
- Limit use of Fiberoptic Endoscopic Evaluation of Swallowing (FEES) given this is an aerosol generating procedure. Collaborate with Otolaryngology to identify patients who would most benefit from use of FEES over MBS to further assess their swallow function. Consider testing patients for COVID-19 prior to the assessment and completing the evaluation in a negative pressure room with staff in full PPE.

Clinical Swallow Evaluation

The clinical swallow evaluation often presents with a number of concerns that must be addressed by the clinician. Below are the strategies that clinicians may use during the clinical swallow evaluation:

- Eliminate testing of cough response during Oral Mechanism Examination as this can create droplets/aerosols.
- Have caregiver feed patient if needed. This will allow the speech-language pathologist to position further away from patient.

Instrumental Assessment of Swallowing

The instrument assessment of swallowing has been extremely challenging during this COVID-19 Pandemic. The strategies listed here may be used to address these challenges:

- Complete Modified Barium Swallow Studies (MBS).
 - Coordinate with Radiology and follow infection control recommendations for disinfecting the room after a patient diagnosed as positive for COVID-19 has used it.
 - Triage patients via chart review and parental interview to identify those at high risk of aspiration with no established alternative means of nutrition/hydration (e.g., nasogastric tube, gastrostomy tube).

Summary

The COVID-19 pandemic has forced us to rethink the speech-language pathology services that are offered in an acute care hospital. While progress has been made in understanding the clinical impact on speech-language pathology, there are some characteristics that may have unknown long-term effects, such as permanent lung damage which could impact voice, speech productions and other areas important to communication. Further, these patients may be experiencing post-traumatic stress disorder (PTSD) symptoms which impacts social communication. Finally, it is likely that there will be an increase in the need for alternative means of nutrition/hydration for these patients as they recover, and it is suspected this could be the case in the adult population.

References

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