

# **STANDARDIZED PROCEDURE**

## **NASOPHARYNGOSCOPY AND NASAL ENDOSCOPY (Adult, Peds)**

### **I. Definition:**

Nasopharyngoscopy is the use of a flexible, thin fiber optic placed through the nostril of an awake patient in order to examine the nasal passageways and pharynx. Nasal endoscopy is the use of a rigid endoscope placed through the nostril of an awake patient in order to examine the nasal passageways and sinuses. Nasopharyngoscopy and nasal endoscopy can provide diagnostic data and permit therapeutic intervention. These procedures can be performed with or without local anesthetic.

### **II. Background Information**

**A. Setting:** The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If a Pediatric procedure is being done, make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

#### **B. Supervision:**

The necessity of the procedure will be determined by the AHP in verbal collaboration with the attending physician or his/her designee. Direct supervision will not be necessary once competency is determined, as provided for in this procedure. At that time, general or indirect supervision is acceptable.

Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the AHP.

The Advanced Health Practitioner will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Bleeding that is not resolved
3. Outcome of the procedure other than expected

#### **C. Indications:**

Nasopharyngoscopy is indicated in patients with stridor or other signs of airway obstruction, including suspected foreign body, chronic aspiration, or signs of obstructive sleep apnea. It is also indicated when there is suspicion for neoplasm, including patients with head or neck mass with unknown primary tumor or patients with a history of tobacco abuse, headaches or facial pain, or history of thyroid disorder. Nasopharyngoscopy is indicated in patients with dyspnea, hoarseness, laryngeal injury, chronic cough, voice changes, or velopharyngeal incompetence. Other indications for nasopharyngoscopy include dysphagia or throat pain, and otalgia or adults with recurrent serious otitis media. Hemoptosis or pharyngeal hemorrhage are also indications for the procedure.

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Nasal endoscopy or nasopharyngoscopy are indicated in patients with chronic postnasal drainage, recurrent epistaxis, chronic rhinorrhea, nasal congestion or obstruction, suspected nasal polyposis, chronic or recurrent sinusitis, chronic use of steroid nasal sprays, anosmia/hyposmia, or in routine follow-up for corrective surgical procedures for these conditions.

#### **D. Precautions:**

Nasopharyngoscopy and nasal endoscopy are complicated procedures performed in an awake patient that requires thorough knowledge of nasal and upper airway anatomy. Contraindications to these procedures include severe cardiopulmonary compromise or suspected infectious epiglottitis.

### **III. Materials**

1. Vasoconstrictive spray
2. Topical anesthetic spray
3. Flexible fiber optic endoscope or rigid nasal / laryngeal scope

### **IV. Procedure**

#### **A. Pre-treatment evaluation:**

Patient history is obtained and a preliminary upper airway physical exam is performed, including visualization of the oropharynx and inspection with nasal speculum.

#### **B. Set up:**

Procedure is performed with patient in seated position or slightly reclined.

#### **C. Patient preparation**

1. Informed consent is obtained from patient or legal guardian / parent.
2. Patient is identified with two approved patient identifiers prior to start of procedure.
3. Antibiotics are generally not required. Patients are often given a mist of a topical intranasal vasoconstrictor (eg: Neosynephrine), followed by intranasal mist of topical anesthetic (eg: 2% Ponticaine)

#### **D. Perform the procedure**

1. Ensure that all pre-procedure steps are taken prior to the procedure.
2. The patient is instructed to breathe through the mouth while the nasopharyngoscope or nasal endoscope is placed into the nostril and actively directed to allow maximal airway inspection, including observation of patient vocalization.
3. The scope is gently withdrawn from the nostril to conclude the procedure.

#### **E. Post-procedure**

No post-procedure monitoring is required.

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#### **F. Follow-up treatment**

No routine post-procedure diagnostic testing is required.

#### **V. Documentation**

##### **A. Documentation is in the electronic medical record**

1. Documentation of the pretreatment evaluation
2. Record the time out, indications, procedure, EBL, the outcome, patient tolerance, medications given, and the plan in the note, as well as any self-care or discharge instructions.

**B. All abnormal or unexpected findings are reviewed** with the supervising physician.

#### **VI. 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 nasopharyngoscopy and nasal endoscopy.
  - b. Risks and benefits of the procedure
  - c. Related anatomy and physiology
  - d. Consent process (if applicable)
  - e. Steps in performing the procedure
  - f. Documentation of the procedure
  - g. Ability to interpret results and implications in management.
3. Advanced Health Practitioner will observe the supervising physician perform each procedure **three** times and perform the procedure **three** times under supervision.
4. Supervising physician will document Advanced Health Practitioner's competency prior to performing procedure without supervision.

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5. 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**

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.
2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioner must perform this procedure at least **three** times 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.
3. Demonstration of continued proficiency shall be monitored through the annual evaluation.
4. 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**

Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.

#### **VIII. HISTORY OF PROCEDURE**

Revised Sept 2012 by Subcommittee of the Committee for Interdisciplinary Practice  
Reviewed Sept 2012 by the Committee on Interdisciplinary Practice  
Prior revision April 2008  
Approved Sept 2012 by the Executive Medical Board and the Governance Advisory Council.

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