

Fact sheet Covid-19 (version 1.3, April 4, 2020)

Note: this fact sheet with recommendations may be adapted based on new developments in the coming weeks, so check the website for the most recent version.

Together with clinicians, the NVLF has drafted a fact sheet with recommendations for the assessment and treatment by speech-language therapists (SLT) of hospitalised patients or clients with (suspected) infection with the coronavirus causing Covid-19.

Approximately 20% of patients with the coronavirus suffer from (very) serious symptoms, requiring hospitalisation and even respiratory support on an intensive care unit [1]. Hospitalised patients with Covid-19 experience multiple symptoms, particularly respiratory problems, reduced physical functioning and cognitive impairments, both in the acute phase and in the recovery phase [2].

Speech-language therapy may be required for corona patients of all ages and all stages of disease, with and without co-morbidity to support communication problems and swallowing disorders (dysphagia). Patients with Covid-19 who are recovering from high intensive care may have symptoms of respiratory, physical and cognitive disorders as a result of long-term illness and physical inactivity, known as Post Intensive Care Syndrome (PICS). They too, may require assessment and treatment by an SLT.

In general

1. Protective measures

Always adhere to the institutional guidelines and protocols regarding the use of protective materials. If needed, discuss with the referring physician when an intervention is necessary or can be delayed due to scarcity of resources.

2. High-risk procedures

The coronavirus spreads mainly through secretions from the nose, mouth and throat (nasal fluid, saliva and phlegm) and especially through so-called aerosols (drops), which are released during sneezing and coughing. These aerosols can also be released during any procedures near the patient's nose, mouth or throat, including various speech therapy actions. These are considered high-risk, similar to all otolaryngological procedures [3].

High-risk procedures are in particular:

- Water swallow tests (e.g., the Yale Swallow Protocol [4]), because it assesses whether and how the patient coughs in response to aspiration;
- Intraoral examination and oral hygienic procedures;
- Endoscopic swallowing examination (FEES).
- Swallowing rehabilitation, when this involves (the training of) coughing in response to aspiration.

Do NOT perform these procedures with (suspected) corona patients, *unless* instructed by and in close consultation with a physician AND with corona-protective materials (gloves, mask, gown, etc.).

Dysphagia

A. Patients who may be treated without additional protection, not infected and not suspected (or already cured)

Assessment

Regular assessment can be applied when taking into account the institutional instructions.

In case of high-risk procedures (e.g. water swallow test or FEES): consider rescheduling, remote observation or use of protective materials, in agreement with the physician.

Treatment

Dysphagia treatment can be usual care with the main goal of optimal nutritional status and safe nutritional intake and in close cooperation with the referring physician, dietician and nurse. However, patients in the recovery phase of COVID-19 may be weakened for a long period of time [2]. Please treat this patient group more conservative. By this we mean:

- The patient's nutritional condition is highest priority at all times, possibly requiring extended use of tube feeding or oral nutritional supplements;
- Avoid risk of aspiration and post-swallow residue as much as possible by advising safe and easy to swallow consistencies for as long as needed (IDDSI 3, 4 or 5);
- Take the patient's cognitive fatigue and physical capacity into account even more than usual.

In case of high-risk procedures (e.g. swallow training with cough training): consider rescheduling, remote observation or use of protective materials, in agreement with the physician.

B. Patients to be treated with extra protection, cough or fever or (suspected) COVID-19

Assessment

Do NOT carry out high-risk procedures (e.g. water swallow test or FEES) *unless* instructed by and in close consultation with a physician AND with corona-protective materials (gloves, mask, gown, etc.). This means that in these patients, dysphagia assessment is limited to observing oral intake with the safest and easiest consistencies (IDDSI 3, 4 and 5), and with the use of information from other practitioners, including nurses.

Treatment

Because corona patients are very and prolonged weakened, we recommend the following for treatment:

- If it has already been established that the patient can drink safely, the use of oral nutritional drinks is preferred according to the NVD [5], because this is the most efficient approach in severely weakened patients to avoid malnutrition. When patients improve, take their limited condition and slow recovery into account.
- When asked to support the replacement of tube feeding by oral intake, again take the slow recovery into account. Discuss with the physician and dietician about the steps in this process and at the same time take into account the preferences of the patient.

Do NOT carry out high-risk procedures (e.g. swallow training with cough training): *unless* instructed by and in close consultation with a physician AND with corona-protective materials (gloves, mask, gown etc.).

Communication

A. Patients who may be treated without additional protection, not infected and not suspected

Assessment and treatment

When possible, perform assessment and treatment online, by phone or video consulting. Physical assessment and treatment should be done only after consultation with the physician AND taking into account the latest regulations (hand hygiene, keeping distance where possible, etc.).

B. Patients to be treated with extra protection, cough or fever or (suspected) COVID-19

Assessment and treatment

When possible, perform assessment and treatment online, by phone or video consulting. Physical assessment and treatment should be done only after consultation with the physician AND with protecting equipment (gloves, mask, gown etc.).

In order to facilitate the best possible communication between patients and other practitioners, printable communication cards have been designed by KMD, among others. These can be found here [1](#), [2](#) & [3](#).

Sources:

1. RIVM, (2020) - Informatie voor professionals. From: <https://www.rivm.nl/coronavirus/covid-19/informatievoor-professionals>
2. Liang T. (2020), *Handbook of COVID-19 prevention and treatment*. From: <https://covid-19.alibabacloud.com/>
3. Honings J., (2020) *Summary of concerns about respiratory tract operations in (suspected) COVID-19 patient for ENT doctors, Version 1.1*. From: <https://www.kno.nl/>
4. Nederlandse Vereniging voor Keel-Neus-Oorheelkunde en Heelkunde van het Hoofd-Halsgebied. (s.d.). *Orofaryngeale dysfagie*. From: https://richtlijndatabase.nl/richtlijn/orofaryngeale_dysfagie/startpagina_orofaryngeale_dysfagie.html
5. Nederlands Tijdschrift voor Voeding & Dietiek (2020) *Voedingsadviezen voor patiënten met COVID-19*. From: <https://ntvd.media/artikelen/voedingsadviezen-voor-patienten-met-covid-19/>

Composition

Jeanine Brink, speech-language therapist and policy advisor NVLF and Hanneke Kalf, speech-language therapist and assistant professor rehabilitation, department of Rehabilitation Radboudumc Nijmegen.

Agreed by the NVLF Board dd. 03-04-2020.