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ASPO Statement on Flexible Laryngoscopy (FFL)

As in-office and bedside procedures such as flexible laryngoscopy (FFL) increase in frequency, many healthcare institutions have instituted regulations requiring specific peri-procedural processes and documentation. Examples include universal protocols, formal timeouts, consent documentation, and use of universal precautions. With increasing administrative burdens and clinical time constraints, many otolaryngologists have expressed concerns regarding implementation of marginally beneficial or outright unnecessary initiatives under the label of patient safety or quality improvement. It is increasingly clear that otolaryngologists want to improve patient safety but prefer to do so based on best evidence and practices. The American Society of Pediatric Otolaryngology (ASPO) surveyed pediatric otolaryngology leadership around the nation to determine current practice patterns regarding the safety and quality of such processes for FFL, a common office-based procedure.

A survey was sent to 90 Pediatric Otolaryngology Division Chiefs. Chiefs were surveyed rather than the general ASPO membership to avoid duplicate responses from individual institutions. Responses indicated that the majority of doctors, as well as advanced practice providers under their director, perform FFL. Informed consent is primarily obtained verbally, and parental awareness, not necessarily presence, is generally required. Parents or legal guardians often are present and participate during the procedure. Respondents suggested that formal time-outs, fire risk assessment, and universal precautions are rarely utilized in the outpatient or inpatient consultation settings. Although not a survey of the general membership, these findings characterize the current standard of practice across pediatric institutions regarding FFL.

With these data, the ASPO Quality and Safety Committee and Board of Directors recommend:

- Otolaryngologists clarify policies surrounding FFL at their hospitals and clinics. Hospital Leadership (policy makers) should understand the FFL is less invasive and less risky than naso-gastric tube placement, for example.
- Requirements for written consent, formalized time-outs, and other perceived safety concerns are not shared across other pediatric institutions in the United States. Such requirements do not add safety or value to the procedure.
- The patient's identity should be verified with their name and medical record number for purposes of correct video and/or chart documentation.
- FFL is frequently utilized to properly evaluate a child's upper airway, verbal parental or guardian consent is adequate, and it does not need additional barriers in order to perform it safely.

Adopted April 24, 2018